

Part
Borough of



Accrington

PUBLIC HEALTH DEPARTMENT.

ANNUAL REPORTS

OF THE

Medical Officer of Health
and School Medical Officer

JOHN D. KERSHAW, M.D., B.S., D.P.H.,

including the

Reports of the Chief Sanitary Inspector
and Cleansing Superintendent

JOHN A. HINDLE, Cert.R.San.I., M.Inst.P.C.

1938



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BOROUGH OF ACCRINGTON.

HEALTH COMMITTEE.

THE MAYOR, Ex-Officio.

Chairman: Mr. ALDERMAN RAWSON.

Vice-Chair: Mr. COUNCILLOR HARGREAVES.

Mr. ALDERMAN ELLIS.

" " WILKINSON (A.).

" " WILKINSON (C.)

" COUNCILLOR AINSWORTH.

" " CAMPBELL.

" " DUCKWORTH.

" " HINDLE (Miss).

" " JOHNSON (H.).

" " LANCASTER.

" " MILLS.

" " OLIVER.

" " ROBERTS.

" " WADE.

MATERNITY AND CHILD WELFARE COMMITTEE.

THE MAYOR, Ex-Officio.

Chairman: Mr. COUNCILLOR ARNETT.

Vice-Chairman: Mr. COUNCILLOR COCKER.

Mr. ALDERMAN TETLOW.

" COUNCILLOR AINSWORTH.

" " BORROW.

" " CAMPBELL.

" " HAINES.

" " HARLING.

" " HIGHAM.

" " HINDLE (Miss).

" " JOHNSON (H.).

" " PILKINGTON.

" " RANSON.

Co-opted Members:

Mrs. HEYS.

Mrs. HOLDER.

Miss HIGHAM.

Mrs. SMITH.

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.

Medical Officer of Health:

JOHN D. KERSHAW,
M.D., B.S., D.P.H.

Deputy Medical Officer of Health:

JOSEPH T. BROWN,
M.B., Ch.B., D.P.H.

Sanitary Inspector:

JOHN A. HINDLE, Cert.R.San.I., M.Inst.P.C.,
(Full-time Officer).

Additional Sanitary Inspectors:

JOHN R. WOODCOCK, Cert.R.San.I., M.S.I.A.,
(Full-time Officer). Deceased April, 1938.

CLIFFORD CUNLIFFE, A.R.San.I., M.S.I.A.,
(Full-time Officer).

JOHN GREENWOOD, A.R.San.I.,
(Full-time Officer). Appointed June, 1938.

Veterinary Inspector:

HAMILTON BROWN ALLEN, M.R.C.V.S.
(Part-time Officer).

Health Visitor:

Miss C. MUNRO. (a). (b).

Health Visitors and School Nurses (combined posts):

Miss C. GREENHALGH. (a). (b).

Miss M. H. McPHERSON. (a). (b).

Mrs. R. FRYER (temporary). (a). (b). (c).

Miss M. M. PEACOCK. (a). (b). (c).

(Appointed May, 1938).

Matron of Municipal Maternity Home:

Miss O. HEGINBOTHAM. (a). (b).

Clerical Staff:

Secretary to Medical Officer of Health: Miss E. BILSBORROW.

Clerk: MISS B. RILEY.

Clerks, Health Department:

JOHN WALMSLEY, Miss M. WHALLEY.

Caretakers, Isolation Hospital: Mr. & Mrs. H. MULHALL.

(a) Trained Nurse.

(b) S.C.M. Certificate.

(c) Health Visitor's Certificate.

Public Health Department,
Town Hall,

Accrington.

**To the Mayor, Aldermen and Councillors
of the Borough of Accrington.**

Mr. Mayor, Lady and Gentlemen,

I have the honour to present to you my fourth report on the Health of the Borough, which is presented in accordance with the requirements of the Ministry of Health and the Board of Education.

Once again a fall in the population of the Borough is to be recorded, but estimates of population during inter-censal years are bound to be inaccurate and the migration factor has probably been over-stressed, since the trade revival of 1937 materially reduced the number of persons leaving the district for employment elsewhere and the trade decline of 1938 has not, so far as can be ascertained, resulted in any great increase in emigration. It is, therefore, probable that the census of 1941 will show a greater population than these estimates have suggested.

The vital statistics for the year show two very satisfactory features, an increase in the number of births over that of 1937 and a decrease in the Infant Mortality rate to 30.95, which is lower than the remarkably good figure for 1936 and in addition to being a new low record for the Borough, is one which compares very favourably indeed not only with those of industrial areas but with those of some of the healthiest towns in the country. This figure is calculated on a number of deaths which includes one occurring in the previous year, so that the net infant mortality rate for 1938 is actually only 28.57, which is, of course, exceptionally low for an area of any kind.

The year has been one of steady development in the Health Services; in fact it is doubtful if any year since their inception has shown such a gratifying increase in their efficiency and scope. In the environmental services further steps have been taken in respect of slum clearance, so that, while there is still work to be done in this line, the days of the worse slums are now numbered. The laboratory, now nearing completion, will provide an invaluable and long-needed weapon for the fight to improve the town's milk supply while recent legislation has given new and valuable powers for the control of the town's food.

In Maternity and Child Welfare the extension of treatment facilities for expectant and nursing mothers, the Home Help scheme, the extension and improvement of clinic facilities by the appointment of a Deputy Medical Officer and the potential further increases in facilities from the building of the new Health Centre are to be recorded. In Infectious Diseases work, the long-awaited formation of the Joint Hospital Board, and the inauguration of the General Practitioner Diphtheria Immunisation scheme are very material steps.

The School Medical Service has now caught up with its arrears of work, thanks to the appointment of the Deputy Medical Officer, while the reorganisation of the special clinics has increased efficiency. The opening of the new Nursery Classes, the reorganisation of the Free Meals scheme and the improvement of physical education facilities have also been important steps. I feel, however, that the most significant act of the year was the Education Committee's decision to take a lead in the establishment of a joint Child Guidance Clinic. If the clinic is the success it should be we shall, indeed, have good reason to be proud, but even if the project should fail there will remain the gratifying knowledge that Accrington has been prepared to point the way in one of the most progressive moves yet made in North East Lancashire.

Comment is made elsewhere on the progress of A.R.P. services. It is humiliating to feel that, in a year when so much for the preservation and betterment of life has been done in the town we have to face the realisation that, in a few years time,

we may be seeing the destruction of life on a scale unparalleled in history and that the civilisation that has reduced our infant mortality rate to the present figure is, simultaneously, devising new methods of baby-murder. We can only hope that before the catastrophe comes, sanity may again prevail in the world.

In conclusion I have to thank the members of my staff, clinical, administrative and clerical, for their loyal service during a most active and arduous year and to express my gratitude to the members of the council, the co-opted members of committees and my fellow chief officials for having made 1938 a year of progress of which the town may well be proud.

I am, Lady and Gentlemen,

Your obedient servant,

JOHN D. KERSHAW.

Medical Officer of Health and
School Medical Officer.

Section I.

Vital Statistics.

Natural and Social Conditions of the Area.

Area (in acres), 4,418.

Population (census 1931), 42,991.

Registrar-General's Estimated Population (1938), 39,570.

Number of inhabited houses (census 1931) 12,019.

Number of inhabited houses (1938), 12,942.

Rateable value, £255,181.

Sum represented by a penny rate, £970.

Vital Statistics.

Live Births:—

| | Total. | Males. | Females. |
|--------------------|--------|--------|----------|
| Legitimate | 406 | 198 | 208 |
| Illegitimate | 14 | 9 | 5 |
| | <hr/> | <hr/> | <hr/> |
| Total..... | 420 | 207 | 213 |
| | <hr/> | <hr/> | <hr/> |
| Stillbirths | 15 | 11 | 4 |
| Deaths | 568 | 292 | 276 |

Birth Rate per 1,000 of the estimated resident
population 10.6

Rate per 1,000 Total (live and still) Births 34

Death Rate per 1,000 of the estimated resident
population 14.3

Deaths from Puerperal causes:

| | Death Rate per 1,000 Total (live and still) | |
|------------------------------|---|---------|
| | Deaths. | Births. |
| Puerperal sepsis | 2 | 4.59 |
| Other puerperal causes | 1 | 2.29 |
| | — | — |
| Total..... | 3 | 6.89 |

Death-rate of Infants under one year of age:—

| | |
|---|------|
| All infants per 1,000 live births | 30 |
| Legitimate infants per 1,000 legitimate live births | 32 |
| Illegitimate infants per 1,000 illegitimate live births | Nil. |

Deaths from Cancer (all ages) 66.

Deaths from Measles (all ages) 3.

Deaths from Whooping Cough (all ages) 1.

Deaths from Diarrhœa (under 2 years of age) 2.

Rates per 1,000 of Population.

Per 1,000 of Estimated Population

| | Live Birth-rate. | Crude Death-rate. | Death-rate from Tuberculosis of Respiratory System. | Death-rate from Cancer. | Maternal Mortality Rate. | | Rate of Deaths Under One Year per 1,000 Live Births. |
|--|------------------|-------------------|---|-------------------------|--------------------------|--|--|
| | | | | | Per 1,000 Live Births. | Per 1,000 Total (Live and Still) Births. | |

Population,

Estimate, Mid-1938, 39,570.

Mean of 5 years, 1933-1937..

Year—

1937

1938

Increase or decrease in 1938

on—

5 years' average, 1933-1937..

Previous year

*1938 adjusted death-rate (comparability factor 1.00)=14.3 per 1,000.

COMPARATIVE VITAL STATISTICS.

| BOROUGH. | Population Estimated 1938. | Birth Rate. | Death Rate. | Infant Mortality Rate. | DEATH RATE from : | | | | | | | | |
|-------------------|----------------------------------|-------------|-------------|---------------------------|----------------------------|--------------------------------|---|----------|-----------------|-------------------------------|----------------|-------------|----------------|
| | | | | | Pulmonary Tuberculosis. | Non-Pulmonary Tuberculosis. | Respiratory Diseases (except Tuberculosis). | Measles. | Whooping Cough. | Diarrhoea (under 2 years). | Scarlet Fever. | Diphtheria. | Enteric Fever. |
| Accrington | 39,570 | 10.6 | 14.3 | 30 | 0.45 | 0.10 | 0.85 | 0.07 | 0.02 | 0.05 | 0.00 | 0.10 | 0.00 |
| Church | 5,485 | 11.8 | 12.5 | 61 | 0.72 | 0.00 | 1.28 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Clayton-le-Moors | 7,084 | 14.8 | 12.7 | 47 | 0.56 | 0.00 | 0.98 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Colne | 21,960 | 8.7 | 14.4 | 41 | 0.54 | 0.18 | 0.12 | 0.04 | 0.00 | 0.04 | 0.04 | 0.09 | 0.00 |
| Eccles | 42,550 | 13.9 | 12.2 | 60 | 0.63 | 0.14 | 0.98 | 0.07 | 0.02 | 0.14 | 0.00 | 0.02 | 0.00 |
| Farnworth | 27,910 | 12.4 | 12.9 | 60 | 0.39 | 0.07 | 1.07 | 0.00 | 0.00 | 0.03 | 0.00 | 0.10 | 0.25 |
| Haslingden | 15,220 | 11.8 | 15.6 | 60 | 0.13 | 0.00 | 0.98 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Nelson | 35,110 | 9.1 | 15.6 | 55 | 0.39 | 0.11 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.11 | 0.00 |
| Oswaldtwistle ... | 12,620 | 10.6 | 14.3 | 51 | 0.47 | 0.08 | 0.72 | 0.00 | 0.00 | 0.16 | 0.00 | 0.00 | 0.00 |
| Rawtenstall | 27,070 | 11.8 | 13.9 | 62 | 0.26 | 0.15 | 0.63 | 0.15 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

The Total Number of Births, Deaths, Natural Increase, Decreases, Infant Deaths and Infant Mortality
for the past fifteen years are as follows:—

13

| Year. | Births. | Deaths. | Natural Increase. | Decrease | Infant Deaths. | Infant Mortality. |
|-------------------------|---------|---------|-------------------|----------|----------------|-------------------|
| 1938 | 420 | 568 | ... | 148 | 13 | 30.95 |
| 1937 | 402 | 625 | ... | 223 | 23 | 57.21 |
| 1936 | 464 | 574 | ... | 110 | 18 | 38.79 |
| 1935 | 463 | 591 | ... | 128 | 19 | 41.03 |
| 1934 | 445 | 542 | ... | 97 | 20 | 44.94 |
| 1933 | 401 | 591 | ... | 190 | 19 | 47.38 |
| 1932 | 413 | 569 | ... | 156 | 30 | 72.63 |
| 1931 | 463 | 615 | ... | 152 | 26 | 56.15 |
| 1930 | 546 | 562 | ... | 16 | 29 | 53.11 |
| 1929 | 552 | 669 | ... | 117 | 35 | 63.40 |
| 1928 | 544 | 555 | ... | 11 | 42 | 77.20 |
| 1927 | 572 | 629 | ... | 57 | 35 | 61.18 |
| 1926 | 568 | 569 | ... | 1 | 43 | 75.70 |
| 1925 | 573 | 601 | ... | 28 | 35 | 61.08 |
| 1924 | 589 | 612 | ... | 23 | 45 | 76.40 |
| Averages: Five Years | | | | | | |
| 1938-1934 | 439 | 580 | ... | 141 | 18 | 41.00 |
| 1933-1929 | 475 | 601 | ... | 126 | 28 | 58.94 |
| 1928-1924 | 569 | 593 | ... | 14 | 40 | 70.29 |

**CAUSES OF DEATHS OF ACCRINGTON RESIDENTS
DURING 1938.**

| | Males. | Females. |
|---|--------|----------|
| 1. Typhoid and paratyphoid fevers | — | — |
| 2. Measles | 2 | 1 |
| 3. Scarlet fever | — | — |
| 4. Whooping Cough | — | 1 |
| 5. Diphtheria | 1 | 3 |
| 6. Influenza | 1 | 2 |
| 7. Encephalitis lethargica | 1 | — |
| 8. Cerebro-spinal fever | — | — |
| 9. Tuberculosis of respiratory system | 13 | 5 |
| 10. Other tuberculosis diseases | 2 | 2 |
| 11. Syphilis | — | — |
| 12. General paralysis of the insane, tabes dorsalis | 2 | 4 |
| 13. Cancer, malignant disease | 27 | 39 |
| 14. Diabetes | 3 | 8 |
| 15. Cerebral hæmorrhage, etc. | 16 | 19 |
| 16. Heart disease | 96 | 100 |
| 17. Aneurysm | — | — |
| 18. Other circulatory diseases | 22 | 13 |
| 19. Bronchitis | 4 | 8 |
| 20. Pneumonia (all forms) | 13 | 5 |
| 21. Other respiratory diseases | 3 | 1 |
| 22. Peptic ulcer | 5 | — |
| 23. Diarrhœa (under 2 years), etc. | 2 | — |
| 24. Appendicitis | 2 | 3 |
| 25. Cirrhosis of liver | — | — |
| 26. Other diseases of liver, etc. | 2 | 2 |
| 27. Other digestive diseases | 3 | 6 |
| 28. Acute and chronic nephritis | 12 | 8 |
| 29. Puerperal sepsis | — | 2 |
| 30. Other puerperal causes | — | 1 |
| 31. Congenital debility, premature birth, malformations, etc. | 4 | 3 |
| 32. Senility | 18 | 10 |

| | Males. | Females. |
|---|--------|----------|
| 33. Suicide | 7 | 1 |
| 34. Other violence | 9 | 10 |
| 35. Other defined diseases | 21 | 22 |
| 36. Causes ill-defined or unknown | 1 | — |
| Special Causes (included in No. 35 above):— | | |
| Smallpox | — | — |
| Polioencephalitis | — | — |
| Poliomyelitis | 1 | — |
| Totals..... | 292 | 276 |

Deaths of Infants under 1 year:

| | | |
|--------------------|---|---|
| Total | 7 | 6 |
| Legitimate | 7 | 6 |
| Illegitimate | — | — |

Live Births:—

| | | |
|--------------------|-----|-----|
| Total | 207 | 213 |
| Legitimate | 198 | 208 |
| Illegitimate | 9 | 5 |

Stillbirths:—

| | | |
|--------------------|----|---|
| Total | 11 | 4 |
| Legitimate | 11 | 4 |
| Illegitimate | — | — |

Population, 39,570.

Birth-rates, Death-rates, Analysis of Mortality, Maternal Death-rates, and Case-rates for certain Infectious Diseases in the year 1938. } England & Wales, London 126 Great Towns and 148 Smaller Towns.

(Provisional Figures based on Weekly and Quarterly Returns).

| | England and Wales | ¹²⁶ County Boro's and Great Towns including London | ¹⁴⁸ Smaller Towns Resident Popu- lations 25,000 to 50,000 at 1931 Census | London Adminis- trative County |
|---|--|--|--|---|
| Births:— | Rates per 1,000 Population. | | | |
| Live | 15.1 | 15.0 | 15.4 | 13.4 |
| Still | 0.60 | 0.65 | 0.60 | 0.48 |
| Deaths:— | | | | |
| All Causes | 11.6 | 11.7 | 11.0 | 11.4 |
| Typhoid and Paratyphoid fevers | 0.00 | 0.00 | 0.00 | 0.00 |
| Smallpox | 0.00 | — | 0.00 | — |
| Measles | 0.04 | 0.05 | 0.03 | 0.06 |
| Scarlet fever | 0.01 | 0.01 | 0.01 | 0.01 |
| Whooping Cough | 0.03 | 0.03 | 0.02 | 0.03 |
| Diphtheria | 0.07 | 0.07 | 0.06 | 0.05 |
| Influenza..... | 0.11 | 0.10 | 0.11 | 0.06 |
| Notifications:— | | | | |
| Smallpox | 0.00 | 0.00 | 0.00 | — |
| Scarlet fever | 2.41 | 2.60 | 2.58 | 2.05 |
| Diphtheria | 1.58 | 1.85 | 1.53 | 1.90 |
| Enteric fever | 0.03 | 0.03 | 0.04 | 0.05 |
| Erysipelas | 0.40 | 0.46 | 0.39 | 0.46 |
| Pneumonia | 1.10 | 1.28 | 0.98 | 0.98 |
| | Rates per 1,000 Live Births. | | | |
| Deaths under 1 year of age | 53 | 57 | 51 | 57 |
| Deaths from Diarrhœa and Enteritis under 2 years of age | 5.5 | 7.8 | 3.6 | 13.1 |
| Maternal Mortality:— | | | | |
| Puerperal Sepsis | 0.89 | Not available. | | |
| Others | 2.19 | | | |
| Total | 3.08 | | | |
| | Rates per 1,000 Total Births (i.e., Live and Still) | | | |
| Maternal Mortality:— | | | | |
| Puerperal Sepsis | 0.86 | Not available. | | |
| Others | 2.11 | | | |
| Total | 2.97 | | | |
| Notifications:— | | | | |
| Puerperal fever | 14.42 | 18.08 | 12.51 | 3.53 |
| Puerperal pyrexia | | | | 15.46 |

Section II.

General.

GENERAL PROVISION OF HEALTH SERVICES. HOSPITALS.

General Hospitals.

General hospital services in the area are quite satisfactory. The Victoria Hospital, Accrington, to which the local authority contributes £250 per annum, serves the needs of most residents, but the general hospitals of Burnley, Blackburn, Manchester and Salford are also accessible without difficulty. The Public Assistance Institution Infirmary, Moorlands, Rawtenstall, is also valuable, particularly in the treatment of infants, to which reference is made later.

Infectious Diseases.

The agreement with the Bury Joint Board has continued during 1938, and should prove satisfactory until the new Joint Board Hospital is ready.

Maternity.

The Municipality provides a maternity home with 11 beds, at Rough Lee. This is open to residents in the Borough and to women from the adjoining Urban Districts. In necessitous cases the fees are reduced or entirely remitted.

For Public Assistance cases there is the Moorlands Institution, which also admits a number of private, fee-paying patients.

As the Maternity Home is not suitable for dealing with all obstetrical emergencies, arrangements have been made to send special cases to the Bank Hall Hospital, Burnley, under the care of Mr. A. Callam, the consulting obstetrician.

Children.

The treatment of certain defects in School-children is arranged, by the Local Authority, with the Accrington Victoria Hospital. There is also an arrangement with the Moorlands Institution for the admission and treatment of sick infants. Otherwise arrangements are made privately by the parent with the hospital of his choice.

Tuberculosis.

There is no provision within the district for cases of this disease, which are usually dealt with at the County Council's Sanatoria.

AMBULANCE SERVICE.

For Non-Infectious and Accident Cases.

A motor-ambulance is maintained by the Borough Council and kept at the fire-station.

For Infectious Disease Cases.

These cases are removed in the ambulance attached to the hospital to which they are sent.

NURSING IN THE HOME.

General.

This is entirely in the hands of the Accrington District Nursing Association, which performs its work very satisfactorily. No grant is made by the Authority to the funds of the Association.

Acute Infectious Disease.

The District Nursing Association does not undertake this work. Cases of Whooping-cough and Measles are visited by the Health Visitors, but the latter disease is not notifiable and few cases of the former are actually notified, since it is not the practice of working-class parents to call in medical practitioners unless a child is obviously gravely ill, so that only a small proportion of cases come to the notice of the Health Department.

LABORATORY FACILITIES.

During 1938 there has been no change in the arrangements. In 1939 all examinations, except for a small number of special investigations, will be undertaken in the laboratory of the Health Centre.

CLINICS AND TREATMENT CENTRES.

1. Infant Welfare.

Ambulance Drill Hall, Bull Bridge, Accrington. Open daily from 10-0 to 11-0 a.m. Medical Officer in attendance from 2-30 to 5-0 on Tuesday and Thursday afternoons.

Huncoat Council School. First Friday in each month, 2-30 to 4-30 p.m. Medical Officer in attendance.

2. **Ante-Natal.**

Ambulance Drill Hall, Bull Bridge, Accrington. Friday, 10-30 to 12 noon.

3. **School Clinic.**

Ambulance Drill Hall, Bull Bridge, Accrington. Daily 9-0 to 10-0 a.m. Medical Officer in attendance daily.

4. **Orthopædic Clinic.**

Rishton School Clinic. Open on the last Wednesday of each month, by arrangement with the Lancashire County Council. Children may, if necessary, attend more often for remedial exercises.

5. **Tuberculosis Dispensary.**

High Lea, Whalley Road, Accrington. Under the control of the Lancashire County Council.

6. **Venereal Diseases.**

Blackburn Royal Infirmary and Burnley Victoria Hospital. Under the control of the Lancashire County Council.

HEALTH EDUCATION.

No special work in this direction has been undertaken during 1938, for the reasons outlined in my last report. When, in 1939, the services have been properly established, it will be desirable to undertake more intensive health education and the holding of a "Health Week" should be seriously considered.

PHYSICAL FITNESS.

The Council's development of its playing-field resources, both on its own initiative and in collaboration with the King George V. Trust, is markedly increasing recreational facilities and should have a permanent effect. Mention must again be made of the work of that valuable body, the Works Welfare Sports Association, which continues to bring organised recreation within the reach of the working class.

CO-OPERATION WITH PRIVATE PRACTITIONERS.

The spirit which guided the relations between the Health Department and the Private Practitioners in 1937 has persisted and has even been intensified. It is finding practical expression through the Diphtheria Immunisation Scheme and in the various branches of Civil Defence. I cannot but pay tribute to the extremely generous attitude which the practitioners have repeatedly adopted and I am convinced that this is a fore-runner of an even greater and more valuable measure of co-operation.

THE EFFECTS OF UNEMPLOYMENT.

The general worsening of trade conditions has, in some degree, increased the ill-effects of unemployment. As I noted last year, these are mental as well as physical and both aspects require consideration from the point of view of public health. It is impossible for those concerned with the Health Services to reconcile themselves to a permanent state of affairs in which the unemployment figures remain as they are at present and there is immediate scope for the undertaking of appropriate measures.

On the physical side, the Local Authority supplies free meals and milk to necessitous school children and free milk to necessitous expectant and nursing mothers and pre-school children. Is there any insuperable difficulty in the way of supplying meals also to mothers and babies? This is done in some areas, with a measure of success, and I am sure that, up to a point, it might succeed here. It is, however, not so much the free meal scheme as an obvious inference from it that I wish to mention here. The income scales used by the local authority in assessing the means of applicants for free meals and milk are so framed that any family where the breadwinner is unemployed is eligible for assistance. These scales are approved by the appropriate Government Departments. In other words, as I have previously suggested, the Local Authority and the Government Departments are agreed that the amount of benefit payable through Unemployment Insurance or through the U.A.B. is so low as to be inadequate for the needs of the recipient.

While an increase in benefit, either in cash or in kind, would alleviate physical distress it would do little to improve mental distress. By allaying anxiety in monetary matters it would, no doubt, be of some help, but it could not remove the curse of idleness. Work on rearmament is, in some areas, a partial solution, but some expansion of our staple industries is the only thing which could materially benefit Lancashire.

Another factor with which Lancashire has had to reckon has been that of migration. Emigration, which slowed down in 1936-7, has recently increased, but though its numerical effect is not now great, its qualitative effect must be considered. Generally speaking, those who have migrated have been young adults, frequently those of the greatest initiative and adaptability, since both these qualities are necessary to establish oneself in a new occupation in new surroundings. These two qualities are not merely important in themselves; they are indexes to other sound qualities of character. Migration on the scale of a few years ago might have a serious long-term effect by removing the engeniically best stocks and producing a steady deterioration in the mental and physical calibre of those remaining.

While the conscious limitation of families will tend to produce a smaller number of better individuals, and is thus not seriously to be feared, the results of migration are a definite danger. The introduction of new industries into the county will help up to a point, but may not go very far, since a depressed area is an unattractive market. Lancashire's choice must lie between reviving her own industries or basking in the reflected glory of Lancastrians elsewhere.

THE CO-OPERATION OF THE PUBLIC.

While the Health Services of the Borough are now very complete and comprehensive it is a mistake to suppose that they will automatically be successful. There is a tendency among a very large section of the public either to ignore health matters altogether or to assume that the Public Health Department will and can of itself do all that is necessary and it is this which is responsible for the occasional failures of the services and for the limitation of the success which is achieved.

Almost every section of this report and its predecessors reveals some way in which life or health is being lost or endangered by public carelessness of a kind which no law could nullify. The parent who postpones his child's immunisation, the person who, in mistaken bravery, goes to work with a severe cold or an attack of influenza, only to spoil his work and infect his friends, all those who, in carelessness, foolhardiness or laziness risk their health or that of others, are worse enemies to the Health Department than any of the evils with which it deals in its daily work.

An excellent example of the way in which an informed public opinion could do work which the Health Services are powerless to do direct can be seen in the handling and display of food. There are numerous shops and stalls in the town where food of various kinds is set out on open counters. These shops are among the most crowded in the town. The food is breathed over by persons with colds or other infectious conditions and is handled by members of the public whose fingers have just been touching soiled bus handrails, much-fingered door handles or the like, or by their children, fresh from marbles or mud pies. There is no law to compel the shop-keepers to put their wares under cover, but I know that many of them would gladly do so in the interest of public health. The trouble is that when the articles are covered sales fall off. In other words the public is so careless of its health as to prefer exposed foodstuffs to those which have been hygienically covered, and, until the public becomes intelligent enough to realise what is best for it, it will continue to suffer from the ill effects of its carelessness.

Or take another example. In any barber's shop the same comb does duty for a series of customers without any cleansing or sterilising. It is easy to understand why dandruff is so universal and the only miracle is that even more unpleasant conditions of the scalp are not equally common. It is now possible to sterilise brushes and combs easily, cheaply and without any risk of injuring them, but so long as the average man and his wife are prepared to put up with old, un-hygienic habits the barber cannot be expected to change his ways.

It is a melancholy fact that the ordinary person, of either sex, takes rather less care of his body than he does of his bicycle and considerably less than he does of his car, in spite of the body's being a much more delicate machine and one which cannot be partly or wholly replaced as it breaks down. Without minimising the effect of social conditions and economic circumstances the fact remains that in almost every case of disease, serious or slight, carelessness has played some part in its development.

Health education, in the schools and elsewhere, has done and is doing much to banish ignorance and there can be few people who are not acquainted with at least the elementary rules of personal hygiene. It is when he finds persons who know these rules and, through carelessness or laziness, steadfastly break or ignore them that the Medical Officer of Health despairs most of ever succeeding in his work.

AIR RAID PRECAUTIONS.

The year's tale in Air Raid Precautions is for Accrington, as for many other towns, a sad story of much work done and little accomplished. Scheme after scheme has been prepared, with much labour, and then abandoned, in response to a steady stream of conflicting and contradictory instructions from the County Council, the Home Office, and the Ministry of Health. In spite of incessant extra work by members of the department, little more than a skeleton scheme for the Casualty Services could be brought into being during 1938, for it was not until 1939 was well advanced that definite data were available as to the number, size and sites of the First Aid Posts permitted and the number of personnel who were to be engaged, while drastic alterations in the official First Aid Party and Ambulance Schemes which had been prepared have been imposed upon the Authority as late as July, 1939.

Admittedly a Casualty Service Scheme cannot be fixed for all time. It is bound to suffer changes as our knowledge of the nature of possible aerial warfare develops and as other national defence schemes are elaborated. The atmosphere of indefiniteness

which has so far surrounded the schemes has, however, been a grave handicap in that it has prevented progress from being made in the enrolment and training of volunteers. The success of the service must, in the long run, depend upon the maintenance of the keenness of the volunteers and when the organiser of the Casualty Service is compelled to keep his recruits in suspense because he does not know how many of them, or which of them, he will be able to employ it is only natural that discontent should be rife.

It is greatly to be regretted that the Government Departments concerned did not see fit to constitute the Accrington and District A.R.P. Committee a scheme-making authority, since the existence of no fewer than six different schemes within the combined area cannot make for efficiency. There seems, however, to be no likelihood of such a step being taken and we must needs accept the situation which has been thrust on to us.

Section III.

Sanitary Circumstances of the Area.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

During the year under review the Water Supply of the Borough has been frequently under discussion and chemical and bacteriological examinations have been, from time to time, undertaken by the Health Department and by the Water Board. The general consensus of these examinations may be summarised as follows:—

Burnley Road.

A mixed water, with a degree of hardness varying, according to the constitution of the mixture, from low to moderately hard. The water has been uniformly pure and wholesome but has continued to suffer, at certain seasons, from algal growths which have rendered it extremely unpalatable. The supply has been adequate in quantity.

Mitchells House.

An upland surface water, of low hardness, free from objectionable taste and bacteriologically pure and wholesome. Certain steps recently taken by the Board have materially reduced the risk of pollution. During the summer months the supply was inadequate in quantity.

Dean Clough.

An upland surface water, of low hardness, free from objectionable taste but on several occasions showing evidence of bacteriological pollution. The gathering ground has now been closed to cattle and anglers and new filters are being installed so that an improvement in the bacterial content is to be expected. The supply has been reasonably adequate in quantity.

It is unfortunate that my special report to the Council on the question of the water supply has been misinterpreted and, in certain quarters, even misrepresented. I have never entertained, nor have I attempted to convey, the suggestion that the water supply of the town is, or has recently been, materially dangerous to health or unwholesome. I have, however, viewed

with apprehension the public alarm and lack of confidence in the water supply which has naturally arisen from the hardness of the Burnley Road supply, as compared with that of the other sources, and from its unpleasant taste and smell, and I remain convinced that an improvement in these respects is highly desirable. Public lack of confidence in a wholesome supply is, potentially, almost as serious a danger as public confidence in an unwholesome supply. There is a general tendency at present for the public to blame their water, quite unjustly, for illness contracted from other sources and it is quite possible that, in a time of epidemic disease, this disquiet regarding the water supply might produce a serious and harmful panic.

It is, mainly, for these reasons, that I have in the past urged, and that I continue to urge, the Water Board to give full consideration to all possible methods by which the water might be rendered as comfortable and pleasant as it is wholesome, and I am gratified to hear that, with the advice of its experts, it proposes shortly to take further steps in this direction.

Drainage and Sewerage.

During the year reconstruction of the Huncoat Sewage Works has been completed. Extensions of sewerage, totalling 1,188 yards, have been carried out.

Closet Accommodation.

| | |
|------------------------------------|-------|
| No. of middens | 3 |
| „ „ closets attached thereto | 3 |
| „ „ pail closets | 98 |
| „ „ dry ashpits | Nil. |
| „ „ fresh-water closets | 6,081 |
| „ „ waste „ „ | 7,067 |
| „ „ conversions :— | |
| a. pail to fresh W.C. | 5 |
| b. waste to fresh W.C. | 186 |

Scavenging.

Dry refuse is disposed of by separation and incineration (86%) and by controlled tipping (14%).

Closet and cesspool refuse is used for covering farm lands.

A detailed report upon the scavenging service is made by the Cleansing Superintendent.

Sanitary Inspection of the Area.

| | | |
|-------------------------------|---------------------|-------|
| No. of premises visited | | 9,309 |
| Defects or nuisances. | a. discovered | 1,403 |
| | b. abated | 1,376 |
| Notices served. | a. informal | 291 |
| | b. statutory | 187 |
| Legal proceedings. | Nil | |

The Chief Sanitary Inspector's report under Article 19(15) of the Sanitary Officers' Order, 1926, is included at the end of this report.

Smoke Abatement.

During the year 3 smoke observations have been made. It was found unnecessary to take any legal proceedings.

Offensive Trades.

10 premises, 8 tripe dressers and 2 gut scrapers, are registered in the Borough. Their conduct is satisfactory.

Swimming Baths and Pools.

There is one municipal swimming bath in the area and no privately owned pools. The municipal bath comprises one large plunge bath, slipper baths and foam baths. The management and general upkeep of the baths is satisfactory.

Schools.

All the schools are periodically visited by the Sanitary Inspectors and reference is made in the report of the School Medical Officer to the findings and necessary action.

Houses let in lodgings, etc.

There are four common lodging houses in the Borough. They have been duly inspected and it has not been found necessary to take any action in regard to them. There are also four houses let in lodgings which are similarly satisfactory.

Tents, Vans, Sheds, etc.

There are no dwellings of this type within the Borough.

Housing Statistics for the year 1938.

No. of new houses erected during the year 1938 :—

| | |
|---|------|
| (a) Total, including numbers given separately under (b).. | 114 |
| (1) By the Local Authority | 2 |
| (2) By other Local Authorities | Nil. |
| (3) By other bodies and persons | 112 |
| (b) With State assistance under the Housing Acts : | |
| (1) By the Local Authority | Nil. |
| (2) By other bodies or persons | Nil. |

1. Inspection of Dwelling-houses during the Year :—

| | |
|--|-----|
| (1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) | 302 |
| (b) Number of inspections made for the purpose | 865 |
| (2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidation Regulations, 1925 and 1932 | 254 |
| (b) Number of inspections made for the purpose | 769 |
| (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation | 28 |

| | |
|---|------|
| (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation | 226 |
| 2. Remedy of Defects during the year without service of formal Notices:— | |
| Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers | 153 |
| 3. Action under Statutory Powers during the year:— | |
| A.—Proceedings under sections 9, 10 and 16 of the Housing Act, 1936:— | |
| (1) Number of dwelling-houses in respect of which notices were served requiring repairs | 56 |
| (2) Number of dwelling-houses which were rendered fit after service of formal notices:— | |
| (a) By owners | 56 |
| (b) By Local Authority in default of owners..... | Nil. |
| B.—Proceedings under Public Health Acts:— | |
| (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied | Nil. |
| (2) Number of dwelling-houses in which defects were remedied after service of formal notices:— | |
| (a) By owners | Nil. |
| (b) By Local Authority in default of owners. ... | Nil. |
| C.—Proceedings under sections 11 and 13 of the Housing Act, 1936:— | |
| (1) Number of dwelling-houses in respect of which Demolition Orders were made..... | Nil. |
| (2) Number of dwelling-houses demolished in pursuance of Demolition Orders | Nil. |
| D.—Proceedings under section 12 of the Housing Act, 1936:— | |
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | Nil. |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | Nil. |

E.—Housing Act, 1936. Part IV. Overcrowding.

| | |
|--|-----|
| (a) (1) Number of dwellings overcrowded at the end of the year | 21 |
| (2) Number of families dwelling therein | 21 |
| (3) Number of persons dwelling therein | 153 |
| (b) Number of new cases of overerowding reported during the year | 4 |
| (e) (1) Number of cases of overcrowding relieved during the year | 15 |
| (2) Number of persons concerned in such cases..... | 87 |

HOUSING.**1. General Observations.**

The representation of over 100 houses as unfit for habitation and requiring clearance has reduced the number of slum dwellings requiring action and is a considerable forward step. General standards of housing remain high and, where defects arise, there is little difficulty in having them remedied.

2. Overcrowding.

While the figures given above show an improvement in the position in regard to overcrowding, undue optimism on this point should be avoided. It is not possible, with the present staff, to keep as complete a check upon overcrowding as is desirable and it is almost certain that some cases will have escaped notice.

3. Housing and Health.

I have commented before (1936) on the need for co-ordination between the Health and Housing Committees and I am still of opinion that some steps might be taken in this direction, either by the appointment of a Joint Sub-Committee or by some other means. The various sections of the health services are constantly being approached by persons living in unhealthy conditions who desire better accommodation, but it is not easy to facilitate their admission to a Corporation house.

Obviously persons displaced by slum clearance and legally overcrowded families must have priority, but when the claims of these classes are satisfied, health grounds should be allowed to

carry weight. It is sometimes urged that the persons in question are "undesirable" tenants and that they would exercise a detrimental influence on the housing estates or would be "bad bargains" from the financial point of view, but I feel that these considerations should not be taken too seriously.

It must be remembered that a good landlord and a good house are likely to produce a good tenant, while, conversely, a bad landlord and a bad house will produce a bad tenant. No one seriously believes, nowadays, that the slum tenant moved to a Corporation house immediately fills the bath with coals and keeps fowls in the parlour; on the contrary the records of every authority show that slum dwellers tend to show an improvement in their habits as soon as they are transferred to better surroundings. The Corporation has the best houses and can afford to be the best landlord, so that it should have the moral courage to take bad tenants and give them an opportunity to improve.

It is certainly unfortunate that families should be compelled to remain in unhealthy houses, with their health constantly impaired, merely because they are unable to pay the whole of their rent regularly, a circumstance which may arise directly out of the ill-health which the house is causing, or because they have developed lazy domestic habits, often because the house itself is an impossible one to organise efficiently. Our knowledge has now advanced sufficiently for us to realise that ill-health is no longer a private trouble and is, in fact, a public menace and from this it can only be concluded that re-housing for health is not an act of individual charity but a public duty.

Section IV.

Inspection and Supervision of Food.

INSPECTION AND SUPERVISION OF FOOD.

1. Milk.

During 1938 there were 48 dairy farms in the Borough, with a total of some 800 cows. In addition to cowkeepers there were 65 dairymen and milk purveyors. There is one pasteurising plant in the area and 34 retail distributors of pasteurised milk.

It is greatly to be regretted that the completion of the new Health Centre, with its laboratory, was delayed until May, 1939, since, as I have previously pointed out, the adequate supervision of milk supplies is difficult unless there is a laboratory easily available. Inspection alone can never secure fully adequate standards of milk production; bacteriological control, followed by inspection where necessary, is beyond doubt the most satisfactory method and in 1939 this will be put into practice.

There is still too little attention paid in the Borough to the essentials of cleanliness in the getting and handling of milk, but there is every reason to hope that the facilities afforded by the new laboratory will be of considerable assistance in raising the standards.

2. Meat. etc.

There has been no change under this head. The great majority of beasts slaughtered in the Borough are killed at the municipal abattoir and the two licensed slaughter-houses continue to be conducted satisfactorily.

3. Adulteration of Food and Drugs.

One hundred and twenty-eight samples of food were submitted for analysis during the year, all of which were found to comply with the required standards.

4. General.

The quality of the Borough's food supplies is, in general, satisfactory, having regard to the fact that the economic conditions under which a large proportion of the inhabitants live

cause a fairly high demand for the cheaper grades of food. The main criticism which can be made is that the standards of food handling are, as in the case of milk, rather low, except in the best shops.

There is far too much exposure of food under unsatisfactory conditions, a fault which is most marked in the most popular and crowded shops and on which I have commented elsewhere. The blame for this undoubtedly lies with the public and the remedy is in their hands.

Section V.

Infectious Diseases.

INFECTIOUS DISEASES.

Diphtheria.

A total of 93 cases of diphtheria occurred in 1938, as compared with 96 in 1937. This repetition of a high incidence is mainly attributable to an epidemic in the spring, 71 of the year's cases occurring during the first five months of the year. The weekly incidence during the first quarter was as follows:—

| No. of week. | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. | 13. |
|--------------|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|
| Cases. | 3. | 1. | 4. | 6. | 9. | 6. | 8. | 4. | 6. | 3. | 6. | 1. | 1. |

and it was not until May that a single week passed without the occurrence of any cases. Distribution throughout the town was even until the second week in February, when eight almost simultaneous cases occurred in St. Peter's School. Immediate investigation was made in the school, resulting in the discovery of organisms in the nose of a child who had shortly before suffered from a cold and who had, prior to that, been in contact with one of the last cases to occur in 1937. After his removal to hospital only one further case occurred in the school and in that case the infection was undoubtedly contracted at home.

The form of the disease was, in general, abnormal. The patients showed little sign of illness beyond the symptoms of a common cold and usually recovered quickly. As a consequence it is probable that more cases than were notified passed unnoticed and that these were responsible for the spread of the epidemic. In no fewer than five notified cases the symptoms for which medical advice was first sought were various forms of post-diphtheritic paralysis affecting eyes, palate or limbs and, no doubt, these patients had infected numerous others.

Where the disease is uniformly severe, diagnosis, notification and preventive steps are carried out promptly, but where the majority of the cases are so mild as to pass unnoticed by the parents it is impossible to keep any control over the spread. Had my many times repeated warning to parents, 'to be on their guard against even a slight "cold" during times when diphtheria was prevalent and to call in the doctor early, been obeyed it is possible that much illness and four deaths might have been prevented.

Anterior Poliomyelitis.

Three cases, of which two were fatal, occurred during the year. The first was in a casual visitor to the town, whose movements during the preceding weeks had been so erratic as to suggest no definite source of infection. This was followed, after about three weeks, by two fatal cases in the Urban District of Church in the persons of a teacher and a scholar at St. Andrew's School. An Accrington child attending the school also contracted a fatal attack and an infant in another part of the town was affected but recovered.

Direct infection from case to case, in this disease, is extremely rare and investigation made it highly probable that the last four cases and, possibly, the first had all been infected by a single carrier at a place of business in the town.

Notifiable Diseases (other than Tuberculosis) during the Year 1938. ("Notified" Cases only included).

| Diseases Notified | Total Cases at all Ages | TOTAL CASES NOTIFIED. | | | | | | | | | | | | | | Hospital. |
|-----------------------------|-------------------------|-----------------------|----|----|----|----|----|----|----|----|----|----|-------------|--------------|---|-----------|
| | | YEARS. | | | | | | | | | | | | | | |
| | | Under 1 | 1 | 2 | 3 | 4 | 5 | 10 | 15 | 20 | 35 | 45 | 65 and over | Total Deaths | | |
| Smallpox ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | Total Cases removed to Hospital | |
| Scarlet Fever ... | 45 | — | 1 | 2 | 4 | 4 | 18 | 13 | 3 | — | — | — | — | — | Deaths in Hospital of persons belonging to district | |
| Diphtheria ... | 94 | — | 2 | 5 | 4 | 4 | 41 | 16 | 10 | 9 | 1 | 2 | — | 4 | — | |
| Enteric Fever ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Puerperal Pyrexia ... | 3 | — | — | — | — | — | — | — | — | 3 | — | — | — | — | — | |
| Cerebro-Spinal Fever ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Acute Poliomyelitis ... | 3 | — | 1 | — | — | — | 1 | — | — | 1 | — | — | — | 1 | — | |
| Encephalitis Lethargica ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Dysentery ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Ophthalmia Neonatorum ... | 7 | 7 | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Erysipelas ... | 16 | 2 | — | — | — | — | — | — | 1 | 1 | 3 | 8 | 1 | — | — | |
| Malaria ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Whooping Cough ... | 27 | — | 3 | 6 | 3 | 5 | 9 | 1 | — | — | — | — | — | — | — | |
| Measles ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Chicken Pox ... | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Pneumonia ... | 24 | — | 3 | 2 | 1 | 1 | 2 | 1 | — | 4 | 3 | 5 | 2 | 18 | — | |
| Totals... | 219 | 9 | 10 | 15 | 12 | 14 | 71 | 31 | 14 | 18 | 7 | 15 | 3 | 31 | 119 | |
| | ... | | | | | | | | | | | | | | 9 | |

| | 1938 | | 1937 | | 1936 | | 1935 | | 1934 | | 1933 | | 1932 | | 1931 | | 1930 | | 1929 | |
|--------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--------|
| Notifiable Diseases. | Notified | Deaths | Notified | Deaths | Notified | Deaths | Notified | Deaths | Notified | Deaths | Notified | Deaths | Notified | Deaths | Notified | Deaths | Notified | Deaths | Notified | Deaths |
| | Deaths | Notified | Deaths | Notified | Deaths | Notified | Deaths | Notified | Deaths | Notified | Deaths | Notified | Deaths | Notified | Deaths | Notified | Deaths | Notified | Deaths | |
| Smallpox | — | 4 | — | 1 | 5 | 64 | — | 6 | — | — | — | — | 8 | 2 | — | 1 | — | — | 65 | 2 |
| Diphtheria | 94 | — | 96 | 70 | — | 8 | — | 79 | 4 | 38 | — | 16 | — | 11 | 19 | — | 4 | 11 | 17 | — |
| Erysipelas | 16 | — | 9 | 13 | — | 48 | — | 34 | 5 | 9 | — | 13 | — | 17 | 16 | — | — | — | — | — |
| Scarlet Fever | 45 | — | 37 | 48 | — | — | — | 279 | 3 | 394 | 3 | 64 | 1 | 23 | 106 | 1 | 2 | 193 | 1 | — |
| Enteric Fever | — | 3 | — | — | — | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — |
| Measles | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Whooping Cough | 27 | 1 | 50 | 60 | 1 | 32 | 1 | 60 | 2 | 55 | — | 14 | 2 | 83 | — | 3 | 2 | — | — | — |
| Cerebro-spinal Meningitis .. | — | — | — | — | — | — | — | 1 | 1 | — | 1 | — | — | — | — | — | — | — | — | — |
| Chickenpox | — | — | — | 48 | 2 | 83 | — | 100 | — | 94 | — | 111 | 2 | 161 | 123 | 1 | 3 | 150 | 2 | — |
| Encephalitis Lethargica | — | 1 | — | — | — | 1 | — | — | — | — | 1 | — | — | — | — | — | — | — | — | — |
| Acute Poliomyelitis | 3 | 1 | — | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Dysentery | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Malaria | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Ophthalmia Neonatorum | 7 | — | 3 | 2 | — | 4 | — | 3 | — | — | — | — | 2 | — | — | — | — | 1 | 6 | — |
| Puerperal Pyrexia | 3 | 3 | 2 | 3 | 2 | 8 | 2 | 3 | 1 | 4 | 1 | — | 1 | — | 3 | — | — | 3 | — | — |
| Pneumonia | 24 | 18 | 55 | 41 | 36 | 40 | 28 | 43 | 29 | 54 | 34 | 54 | 31 | 27 | 32 | 30 | 25 | 32 | 92 | 53 |
| Pulmonary Tuberculosis | 20 | 18 | 21 | 23 | 15 | 30 | 21 | 23 | 10 | 28 | 20 | 28 | 36 | 26 | 25 | 25 | 32 | 32 | 32 | 22 |
| Other forms of Tuberculosis .. | 18 | 4 | 15 | 12 | 9 | 22 | 2 | 20 | 3 | 13 | 2 | 13 | 26 | 3 | 21 | 5 | 6 | 19 | — | 6 |

IMMUNISATION AGAINST DIPHTHERIA.

| | |
|--|-----|
| Total new cases attending clinic in 1938 | 121 |
| Schick negative | 21 |
| Immunised | 100 |

Prophylactic T.A.M.

| | |
|--------------------------------------|----|
| Immunised | 40 |
| Subsequent Schick negative | 37 |
| ,, ,, positive | 1* |
| Not due for test till 1939 | 7 |
| Refused subsequent Schick test | 1 |
| Removed from district | 2 |

Prophylactic A.P.T.

| | |
|----------------------------------|----|
| Immunised | 20 |
| Subsequent Schick negative | 4 |
| Not due for test till 1939 | 13 |

Prophylactic T.A.F.

| | |
|---------------------------------------|------------|
| Immunised | 12 |
| Subsequent Schick negative | 4 |
| positive | 1* |
| Not due for test till 1939 | 8 |
| Refused to complete injections | 1 |
| Removed from district | 1 |
| Refused immunisation | 5 |
| Own doctor completing injections | 3 (A.P.T.) |

Immunised in 1937 and subsequently tested in 1938:—

Prophylactic T.A.F.

| | |
|-----------------------|-----|
| Tested | 7 |
| Schick negative | 7 |
| ,, positive | Nil |

Prophylactic T.A.M.

| | |
|-----------------------|-----|
| Tested | 46 |
| Schick negative | 46 |
| ,, positive | Nil |

*Re-immunised and rendered Schick-negative.

On April 1st, 1938, the Council's scheme for the immunisation of children against diphtheria came into force. Under it any child under the age of 15 residing in the Borough and any child residing outside the Borough but attending an Accrington Elementary School may, on the request of the parent, be immunised free of charge either by the family doctor or at the School Clinic.

The methods in use are as follows. Children under the age of 11 years receive two injections of Alum Precipitated Toxoid (0.2 cc. and 0.5 cc.) and children over that age have three injections of Toxoid-Antitoxin Floccules (1.0 cc.). All children immunised are Schick-tested six months after the immunisation and children aged six or over have a preliminary Schick test.

The fees paid to the practitioners were 7/6d. for each completed immunisation and 2/6d. for every child who was Schick-negative in the preliminary test. These fees were increased, as from April 1st, 1939, to the standard scale approved by the British Medical Association. 2/6d. for each injection of immunising material and 5/-d. for each Schick test.

In view of the fact that the completion of the immunisation of a child involves some seven months (i.e. including the subsequent test) the numerical results in 1938 were naturally small. At the time of writing, however, it is likely that some 10% of the child population of the Borough has been immunised, which is, at least, a promising beginning.

Section VI.

Maternity and Child Welfare.

The number of children born in the Home during 1938 shows an increase of ten over the figure for 1937. This increase is mainly due to an increase in the number of non-residents of the Borough admitted to the Home. The number of Accrington residents admitted seems to be remaining constant from year to year, and, at first sight, it might be imagined that saturation point had been reached and that a further increase in the Home's popularity and usefulness was unlikely.

This, however, is quite definitely not the case. It is possible that the Home has almost reached its maximum in so far as the completely normal cases are concerned since, for obvious reasons, there will always be a number of women who prefer to, and can with safety, be confined in their own homes, but there is a great field for expansion in the Home's work in respect of cases with actual or expected difficulties of moderate degree and cases in which some complication arises during the ante-natal period. With the limited accommodation at present available it is generally difficult or impossible to admit ante-natal cases, since these would occupy beds which might be required for actual confinements.

With a view to improving this state of affairs, informal discussions with the staff of the Ministry of Health have taken place and plans are at present being drafted for an extension of the Home which will provide a first-stage labour ward and add two or three beds to the capacity of the Home. The draft plans will provide for a greater proportion of single-bed wards, thus adding to the elasticity of the accommodation and, in addition to providing ante-natal accommodation, making provision for those expectant mothers who are deterred from entering the present Home by its lack of single wards. It should also be possible to provide a better night nursery and duty room, and to improve the quarters of nursing and domestic staff, which are, at present, far from satisfactory. If it is possible, as seems likely, to carry out this work at a cost of £5,000 or less, the Committee will, no doubt, press on with the scheme as fast as practicable.

Costs.

The following figures are extracted from the official costing returns for the year ending 31st March, 1939, and the previous financial year. In each case they represent the cost per patient per week.

| | 1938-39. | | 1937-38. | |
|---------------------------------------|----------|--------|----------|--------|
| Salaries, etc. Medical | 2s. | 9.6d. | 0s. | 6.3d. |
| Nursing | 27s. | 4.5d. | 26s. | 7.0d. |
| Other | 20s. | 2.2d. | 20s. | 2.2d. |
| Provisions. (Patients and staff)..... | 17s. | 0.1d. | 18s. | 8.7d. |
| Drugs, instruments, etc. | 5s. | 4.5d. | 4s. | 4.3d. |
| Fuel, light, water, laundry | 21s. | 10.7d. | 22s. | 3.3d. |
| Domestic repairs, removals, etc..... | 4s. | 4d. | 5s. | 1.4d. |
| Structural work and painting | 6s. | 1.7d. | 3s. | 7.3d. |
| Rates, taxes, insurance | 5s. | 1.2d. | 5s. | 0.0d. |
| Loan charges | 13s. | 7.9d. | 20s. | 11.3d. |
| Other expenditure | 5s. | 5.2d. | 6s. | 6.9d. |
| Deduct income other than patients' | | | | |
| payments | 0s. | 1.3d. | 0s. | 2.8d. |
| <hr/> | | | | |
| Total cost... | 127s. | 2.3d. | 133s. | 7.9d. |
| Total excluding loan charges... | 114s. | 6.4d. | 112s. | 8.6d. |

The slight rise in net costs during the year is mainly to be attributed to the Medical Salaries item, which actually represents a re-allocation of the salary of the Medical Superintendent consequent upon the reorganisation of the medical services, and an increase in the number of times the consulting obstetrician was called in. The fall in the loan charges off-sets this and brings about an actual reduction in the gross costs.

MATERNITY AND CHILD WELFARE.

1. Ante Natal Examination and Treatment.

| | |
|--|-----|
| Number of individual women attending the ante natal clinic | 104 |
| Number of attendances made during the year | 533 |
| Number of visits paid by the Health Visitors to expectant mothers :— | |
| First visits | 93 |
| Total visits | 185 |

During the year there was a slight falling-off in the number of women attending the Ante-natal Clinic, but this was off-set, to some degree, by an increase in the average number of attendances made by each woman, with a corresponding increase in the thoroughness of the work. The number of visits paid by the Health Visitors to expectant mothers was more than doubled, so that, on the whole, there was an increase in the amount of care given to them.

None the less, the results are far from ideal and consideration will soon have to be given to possible methods of making ante-natal care more universal.

The scheme for dental treatment of expectant and nursing mothers operated during the second half of the year and eight mothers received treatment. Details of the work will be found in the Dental Officer's report for the year.

2. Post-natal Examination and Treatment.

The hope expressed in my last report that a formal post-natal clinic might be instituted during 1938 has not been fulfilled, the scheme having shared the fate of others which have had to be shelved owing to the claims of Civil Defence on the time and resources of the Department.

3. Consulting and Emergency.

The arrangements with the consulting obstetrician and the Burnley Municipal Maternity Hospital remain unchanged. It has not been necessary during the year to call on the services of the emergency "flying squad."

4. Home Helps.

A Home Help service was instituted during the year and was in operation for the last five months of the period. Home Helps were engaged in four cases during that time. While it is not expected that the number of calls made on the Helps will ever be very great, there is no doubt that in the cases where their services are used they are of the greatest value.

The scheme involves the making of a panel of women who are willing to serve when called upon. Each woman is paid 4/6d. per day while employed and receives her meals while on duty. The family engaging her pays to the Corporation a fee varying from 6d. to 4/6d. per day according to a sliding scale based on income.

5. Infant Welfare Clinics.

Number of visits paid by the Health Visitors:—

| | |
|--|-------------------------|
| To infants under one year of age (1) First visits... | 406 |
| (2) Total visits.. | 3831 |
| To children 1 to 5 years | Total visits 2070 |

Number of attendances at the Infant Welfare Clinic:—

| | |
|---|------|
| By children under one year of age | 4955 |
| (72.66% of notified births attended). | |

| | |
|--------------------------------|------|
| By children 1 to 5 years | 2075 |
|--------------------------------|------|

131 persons received liquid milk, free of cost.

(23 ante-natal cases; 108 others).

48 persons received Dried Milk, free of cost.

(Nil ante-natal cases; 48 others).

23 persons received Virol or Extract of Malt, etc.

Once again the work done in the Infant Welfare Clinic shows a gratifying increase. In spite of staffing difficulties the number of visits paid by the Health Visitors to infants and young children increased. No fewer than 72.66 per cent. of the babies born in the borough during the year made attendances at the Clinic and

the total attendances of children under one year increased by nearly one-tenth. The number of attendances by children over one year also increased, reaching the highest figure yet recorded in the Borough.

This increase has largely resulted from the institution of a second regular weekly session at the Central Clinic, in addition to the existing extra monthly session at Huncoat. The extra session has reduced waiting and has enabled the number of consultations with the Medical Officer to be doubled, so that, in addition to an increase in the amount of work done, there has been an immeasurable increase in the thoroughness of that work. Moreover, the appointment of a full-time Deputy Medical Officer has meant that the sessions have been regularly and fully carried out without interference from the other activities of the Department.

The following table shows the number of births belonging to the Borough which have taken place in the various institutions during the last ten years, together with a list of births taking place in the homes:—

INSTITUTIONS

HOMES.

| Year | Number of live births in the homes | Percentage of total live births | Moorlands | Rough Lee | Victoria Hospital | Institutions outside Borough | Total | Percentage of total live births |
|------|------------------------------------|---------------------------------|-----------|-----------|-------------------|------------------------------|-------|---------------------------------|
| 1938 | 222 | 53% | 41 | 137 | 6 | 14 | 198 | 47% |
| 1937 | 194 | 48% | 47 | 136 | 5 | 20 | 208 | 52% |
| 1936 | 245 | 53% | 47 | 154 | 7 | 11 | 219 | 47% |
| 1935 | 260 | 56% | 39 | 150 | 3 | 8 | 200 | 44% |
| 1934 | 240 | 54% | 37 | 155 | 10 | 3 | 205 | 46% |
| 1933 | 234 | 59% | 36 | 117 | 6 | 8 | 167 | 41% |
| 1932 | 268 | 65% | 50 | 86 | 5 | 4 | 145 | 35% |
| 1931 | 307 | 67% | 48 | 95 | 4 | 9 | 156 | 33% |
| 1930 | 388 | 72% | 50 | 99 | 4 | 5 | 158 | 28% |
| 1929 | 375 | 68% | 70 | 98 | 5 | 4 | 177 | 32% |

INFANTILE MORTALITY—CAUSES OF 13 INFANT DEATHS.

| | TOTALS | Asphyxia | Bronchitis | Broncho-Pneumonia | Cellulitis | Malaria | Prematurity |
|-----------------|--------|----------|------------|-------------------|------------|---------|-------------|
| January | 2 | 1 | — | — | — | 1 | — |
| February | 1 | — | — | 1 | — | — | — |
| March | 1 | — | — | — | — | — | — |
| April | 2 | — | 1 | — | — | — | — |
| May | 1 | — | — | — | — | — | — |
| June | 1 | — | — | 1 | — | 1 | — |
| July | 1 | — | — | — | — | — | — |
| August | 1 | — | — | — | — | — | — |
| September | 1 | — | — | — | 1 | — | — |
| October | — | — | — | — | — | — | — |
| November | 1 | — | — | 1 | — | — | — |
| December | 1 | — | — | — | — | — | 1 |
| Totals | 13 | 1 | 1 | 3 | 1 | 2 | 5 |

AGES AT DEATH.

| WEEKS | | | | | MONTHS | | | | | | | | | | Total under one year | |
|----------------|--------------|--------------|--------------|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|---------|----------|----------------------|----------------------|
| Under one week | 1 to 2 weeks | 2 to 3 weeks | 3 to 4 weeks | Total under one month | 1 to 2 | 2 to 3 | 3 to 4 | 4 to 5 | 5 to 6 | 6 to 7 | 7 to 8 | 8 to 9 | 9 to 10 | 10 to 11 | 11 to 12 | Total under one year |
| 6 | — | — | 2 | 8 | — | — | 1 | — | — | — | 1 | — | 3 | — | — | 13 |

SANITARY INSPECTION
AND
PUBLIC CLEANSING SERVICES.

ANNUAL REPORT

FOR THE YEAR 1938.

Public Health and Cleansing Department,
 Town Hall,
 Accrington.

**To the Mayor and Members of the
 Town Council.**

Mr. Mayor, Lady and Gentlemen,

I have the honour to submit for your information my TWELFTH Annual Report on the work of Sanitary Inspection and Public Cleansing, the former for the Calendar Year 1938. and the latter for the financial year which ended on 31st March. 1939.

HOUSING.

Further progress was made during 1938 towards the improvement of dwellinghouse conditions in the Borough: of 254 houses specially inspected under the Housing Regulations, 28 were found to be unfit for human habitation, being accordingly included in Slum Clearance representations, whilst 209 houses were reconditioned.

The demolition during the year of the two houses 5, James Court and 2, Carter's Yard, was the final step in the total completion of the first slum clearance scheme under the Housing Acts. As mentioned in the 1937 Report, rehousing from scheduled areas was completed during that year, and the only instance where rehousing has occurred during 1938 is the removal of two persons from a one roomed dwelling which had been the subject of a Closing Order.

It is proposed to erect 32 one bedroomed houses and 26 three bedroomed houses, in order to rehouse tenants dispossessed under the existing Slum Clearance proposals.

OVERCROWDING.

The number of dwellings found to be overcrowded at the conclusion of the survey of 1936 was 103, a figure which had been reduced to 32 by the end of 1937. Four new cases cropped up during 1938, thus bringing the 1937 figure to 36. However, 15 cases of overcrowding were relieved during the year under review, leaving a total of 21 cases at the end of 1938. The table which follows illustrates the circumstances in which the 15 cases mentioned have been relieved.

| | |
|---|---|
| 1. By removal to a Corporation house | 1 |
| 2. By death of member of family leaving , remainder of family uncrowded..... | 1 |
| 3. By family finding own suitable accommoda- tion | 5 |
| 4. By removal of lodgers | 2 |
| 5. By part of a family removing, e.g. marriage, etc. | 6 |

LEGISLATION.

To further supplement and improve the standard of sanitary legislation, the Factories Act, 1937, came into force on 1st July last. In this connection it is interesting to note the valuable measures which have become operative in recent years to secure amenities and necessities for the health and comfort of the public. Thus we have the Shops Act, 1934; Housing Act, 1936; the Public Health Act, 1936, and now the Factories Act, 1937. Also during 1939, a new Food and Drugs Act will come into force bringing with it further public health safeguards. As will be readily imagined, each new piece of legislation brings new and more onerous duties to Sanitary Inspectors, a fact which renders the adequate and satisfactory performance of duties as a whole more and more difficult as time goes on.

ERADICATION OF THE BED BUG.

Again unfortunately it has been necessary to busy ourselves with houses found to be infested with bugs, and during 1938, 27 houses were found to be so infested. Twenty-four houses were treated by this department, methods employed including the use of a proprietary spray fluid, along with sulphur fumigation, care being exercised in sealing up rooms to guard against any loss of concentration. The belongings of tenants moving from Clearance Areas into Council houses are subject to more special treatment. The tenants themselves are given baths; bedding and under-clothing is subjected to high pressure steam disinfection, whilst other clothing is treated with formalin vapour. Household goods are treated in vans by a specialist contractor using hydrogen cyanide gas.

SUMMARY OF PREMISES INSPECTED AND RE-INSPECTED.

| | |
|--|-------|
| Visits in connection with Dwelling-houses. | 1938. |
| Waste Water Closet Conversions | 1014 |
| Defective, Blocked, and re-laid Drains | 149 |
| Defective Eaves Gutters, etc. | 24 |
| Offensive Smells | 42 |
| Accumulations of Offensive Matter | 5 |
| Dampness in Houses | 33 |
| Pail Conversions | 11 |
| Water in Cellars | 31 |
| Dirty and Verminous Houses | 343 |
| Visits and Re-visits under Housing Act and Public Health Acts relative to Housing Conditions.... | 1066 |
| Refuse Accommodation | 236 |
| Water Supplies | 41 |
| Rats and Mice Destruction | 380 |
| Infectious Diseases | 798 |
| Miscellaneous Nuisances | 637 |
| Slum Clearance Proposals | 977 |
| Visits to other premises, etc. : | |
| Visits to Slaughter-houses and Food Premises, including Markets | 1228 |

| | |
|---|-------|
| Visits to Offensive Trades | 98 |
| Visits in connection with Smoke Nuisance..... | 8 |
| Visits in connection with the administration of Food and Drugs Act | 180 |
| Visits to Factories and Workshops | 913 |
| Common Lodging Houses | 99 |
| Farms and Dairies | 112 |
| Elementary Schools | 59 |
| Public Urinals | 301 |
| Petroleum Storages | 111 |
| Visits: Swine Fever and Foot and Mouth Disease | 16 |
| <hr/> | |
| Total..... | 8,912 |
| <hr/> | |

NOTE.—The above figures do not include visits paid in connection with Movement Licences, etc., issued by the Department under the Contagious Diseases of Animals Acts and Orders.

Sanitary and Housing Defects Discovered and Action taken under the Public Health Acts.

| | |
|---|-------|
| | 1938. |
| Defective roofs | 4 |
| Defective fireplaces | 2 |
| Defective gully-traps | 118 |
| Defective drains | 13 |
| Defective slopstones | 6 |
| Refuse storage insufficiency, foul or defective receptacles | 237 |
| Eaves gutters defective | 4 |
| Rain-water fall pipes defective or blocked | 44 |
| Water supply defective | 1 |
| Defective wall plaster | 4 |
| Damp walls | 4 |
| Offensive smells | 42 |
| Defective chimneys | 3 |
| Defective waste pipes | 18 |
| Defective flushing cisterns | 4 |
| Dirty houses | 4 |
| Accumulations of offensive matter | 2 |
| Sewers blocked | 4 |

| | 1938. |
|---|-------|
| Waste water closets blocked | 10 |
| Rats in houses | 67 |
| Defective dishstones and channel dishes | 128 |
| Defective W.C. doors | 25 |
| Defective flagging | 87 |
| Defective door studs | 56 |
| Doors without latches | 41 |
| W.C. walls in defective condition | 30 |
| ,, roofs ,, ,, | 24 |
| Insufficient sanitary accommodation | 3 |
| Miscellaneous defects | 35 |
| Total..... | 1,020 |

In addition, 1,097 further slight defects to sanitary accommodation, etc., were dealt with during the year.

Notices Served.

| Form of Notice : | 1938. |
|--------------------------------|-------|
| Intimation (Preliminary) | 291 |
| Statutory | 187 |
| | 478 |

Housing Acts, Defective Conditions Remedied.

Windows :—

| | |
|--------------------------------|-----|
| Cords | 128 |
| Without fasteners | 49 |
| Glazing | 24 |
| Casements | 77 |
| Frames | 192 |
| Lintels, Sills and Jambs | 179 |
| Parting Beading | 95 |

Fireranges :—

| | |
|---------------------------------------|-----|
| Entire ranges | 77 |
| Fire backs | 76 |
| Side boilers | 42 |
| Fire grates | 13 |
| Oven flues | 20 |
| Ovens | 35 |
| Jambs | 4 |
| Chimney Stacks | 59 |
| Coalplace and W.C. structures | 68 |
| Wash boilers | 38 |
| F.W.C. cisterns, pedestals, etc. | 14 |
| Channel dishes and dishstones | 20 |
| Sinks | 129 |
| Waste pipes | 14 |
| Party yards walls | 23 |
| Yard flags | 135 |
| Water service | 1 |
| Pointing | 216 |
| Dampness | 175 |
| Eaves gutters | 110 |
| Rain-water pipes | 57 |
| Raining in | 172 |
| Ceiling plaster | 333 |
| Wall plaster | 455 |
| Doors and Door Casings | 281 |
| Floors :— | |
| Flagged | 251 |
| Boarded | 121 |
| Door steps | 47 |
| Cellar Steps | 5 |
| Staircase treads, risers, etc. | 39 |
| Insufficient light | 15 |
| Roofs | 153 |
| Insufficient ventilation | 58 |
| Balustrades and Handrails | 102 |
| Thresholds | 46 |
| Skirting Boards | 10 |
| Miscellaneous | 15 |

Total defects remedied... 4,173

SANITARY ACCOMMODATION.

The number of pails and waste water closets have been further reduced during the year, 5 of the former and 186 of the latter having been converted to the fresh water flushed type.

The various types now in use in the Borough (including Huncoat) are as follow:— Fresh water, 6,081. waste water, 7,076, pails, 98.

Pail conversions are carried out under the Accrington Corporation Act, 1905, the Council contributing approximately one-half the cost of such conversions. Waste Water Closet conversions are carried out under the Accrington Corporation Act, 1905, as amended by the Ministry of Health Provisional Orders Confirmation (Accrington) Act, 1930.

INFECTIOUS DISEASES AND DISINFECTION.

The work of visiting cases of infectious disease, and the carrying out of disinfection of infected articles and premises, are in the hands of the caretaker of the Smallpox Hospital.

1,012 visits were paid.

| Disinfections. | 1938. | |
|------------------------------|-------|-------|
| Houses | 162 | |
| Schools | 2 | |
| | <hr/> | 164 |
| Library books | 123 | |
| Beds | 264 | |
| Pillows | 372 | |
| Bolsters | 129 | |
| Eiderdowns | 100 | |
| Blankets | 334 | |
| Quilts | 228 | |
| Covers | 41 | |
| Mattresses | 4 | |
| Articles of clothing | 934 | |
| Cushions | 22 | |
| Miscellaneous articles | 17 | |
| Sheets | 254 | |
| | <hr/> | 2,822 |

STORAGE OF PETROLEUM AND CARBIDE.

111 visits have been paid to premises where petroleum and carbide are stored.

Licences have been issued as follow:—

| | |
|--------------------------|----|
| To store Petroleum | 71 |
| To store Carbide | 7 |

DAIRIES AND COWSHEDS.

The number of cowkeepers in the Borough is 48, there being 71 cowsheds with accommodation for approximately 700 animals.

During the year under review further improvements to premises were effected.

Graded Milk.

44 licences were issued during the year under the Milk (Special Designations) Order, 1936, this total being comprised as follows:—

Three licences to sell “Tuberculin Tested” Milk.

One supplementary licence to sell “Tuberculin Tested” Milk.

Four supplementary licences to sell “Accredited” Milk.

One licence to pasteurise milk.

Thirty-five licences to sell “Pasteurised” Milk.

One supplementary licence to sell “Pasteurised” Milk.

CONTAGIOUS DISEASES OF ANIMALS ACT AND ORDERS.

All work in connection with the above Acts and Orders was transferred to the Police in April, 1938, under the general scheme advised by the Ministry of Agriculture and Fisheries in the operation of the Agricultural Act, 1937.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

Below is a Return of all samples of food and drugs analysed under the provisions of the Act during the year ended 31st December, 1938.

| 1938. | | | |
|---|---------------------|------------------------|--------------------------------|
| Article of food or drug. | Number analysed. | Number adulterated. | Percentage of adulteration. |
| Milk | 60 | — | — |
| Butter | 5 | — | — |
| Meat and/or fish pastes. | 4 | — | — |
| Barley | 3 | — | — |
| Sausage | 3 | — | — |
| Arrowroot | 3 | — | — |
| Margarine | 3 | — | — |
| Dripping | 3 | — | — |
| Flour (including 1 self- raising type) | 3 | — | — |
| Coffee | 2 | — | — |
| Pickles | 2 | — | — |
| Canned Peas | 2 | — | — |
| Jam | 2 | — | — |
| Cheese | 2 | — | — |
| Sweets | 1 | — | — |
| Potted meat | 1 | — | — |
| Condensed milk | 1 | — | — |
| Honey | 1 | — | — |
| Chicken jelly | 1 | — | — |
| Miscellaneous groceries.. | 18 | — | — |
| Household drugs | 2 | — | — |
| | <hr/> 122 | <hr/> NIL. | <hr/> NIL. |
| | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> |

Increased attention has been paid to the sampling of food and drugs, and thirty more samples were taken than in the previous year. However, it reflects well on the Accrington shop-keeper and milk producer that all samples were found to be genuine.

MEAT INSPECTION.

The numbers of food animals slaughtered at the public and private slaughterhouses in the Borough, together with the amount of meat condemned, are set out below.

CARCASSES INSPECTED AND CONDEMNED.

| | Cattle. (excluding Cows. Calves. Sheep & Pigs. Cows). Lambs. | | | | |
|--|--|-------|-----|--------|-------|
| Numbers killed | 2,545 | 1,178 | 431 | 39,803 | 1,728 |
| All Diseases except Tuberculosis :— | | | | | |
| Whole carcasses con- demned | — | 2 | 3 | 24 | 16 |
| Carcases of which some part or organ was condemned | 2 | 4 | — | — | 16 |
| Percentage of the number inspected affected with disease other than Tuber- culosis | .08 | .51 | .70 | .06 | 1.85 |
| Tuberculosis only :— | | | | | |
| Whole carcasses con- demned | 2 | 28 | — | — | 7 |
| Carcases of which some part or organ was condemned | 18 | 30 | — | — | 6 |
| Percentage of the number inspected affected with Tuber- culosis | .79 | 4.92 | — | — | .75 |

The total weight of meat and offal condemned for Tuberculosis was 10 tons, 16 cwts., 3 qrs., and for diseases other than Tuberculosis 1 ton, 9 cwts., a total of 12 tons, 5 cwts., 3 qrs.,

compared with 11 tons, 1 cwt., 2 qrs., last year. In no instance was it found necessary in 1938 to resort to the formal seizure of diseased meat, all being surrendered voluntarily. In addition to the foregoing, 40 lbs. of Halibut, 34 dozen Cabbages and 3 boxes of Pears were given up for destruction as being unfit for human consumption. The total number of visits paid to slaughterhouses and food premises, including markets, was 1,228.

**TABLE SHOWING REASON FOR CONDEMNATION OF
WHOLE CARCASSES AND ORGANS.**

| | Generalised Tuberculosis. | Immaturity. | Pyæmia. | Emaciation. (Pathological). | Septic Metritis. | Moribundity. | Oedema. | Jaundice. | Swine Fever. | Rickets with Malnutrition. Fever. | Total. |
|---------------------------------|------------------------------|-------------|---------|--------------------------------|------------------|--------------|---------|-----------|--------------|---|--------|
| Cattle other than Cows | 2 | | | | | | | | | | 2 |
| Cows | 28 | | 1 | | 1 | | | | | | 30 |
| Calves | | 3 | | | | | | | | | 3 |
| Sheep | | | | 7 | | 15 | 1 | | | 1 | 24 |
| Lambs | | | | | | | | | | | |
| Pigs | 7 | | | | | | 1 | 3 | 7 | 2 | 23 |
| | 37 | 3 | 1 | 7 | 1 | 15 | 2 | 3 | 7 | 2 | 82 |

FACTORY AND WORKSHOPS ACT, 1937.

913 visits have been paid in connection with the conduct of Factories, Workshops and Workplaces, etc.

In five instances it has been necessary to call the attention of occupiers or owners to sanitary defects or nuisances, in every instance the remedy being applied without resorting to formal action.

FACTORIES ACT, 1937.

1. INSPECTIONS for purposes of provisions as to health.
Including inspections made by Sanitary Inspectors.

| Premises. (1) | Number of | | |
|---|---------------------|---------------------------|---------------------------------|
| | Inspections. (2) | Written Notices (3) | Occupiers prosecuted. (4) |
| Factories with mechanical power.. | 21 | 3 | ... |
| Factories without mechanical power | 892 | 2 | ... |
| *Other Premises under the Act (including works of building and engineering construction but not including outworkers' premises) | ... | ... | ... |
| *Electrical Stations should be reckoned as factories. | | | |
| Totals..... | 913 | 5 | ... |

2. DEFECTS FOUND.

| Particulars. (1) | Number of Defects | | | Number of defects in respect of which Prosecutions were instituted (5) |
|--|-------------------|------------------|--|---|
| | Found. (2) | Remedied. (3) | Referred to H.M. Inspector. (4) | |
| Want of cleanliness (S.1) | 2 | 2 | ... | ... |
| Overcrowding (S.2) | ... | ... | ... | ... |
| Unreasonable temperature (S.3) | ... | ... | ... | ... |
| Inadequate ventilation (S.4) | ... | ... | ... | ... |
| Ineffective drainage of floors (S.6)..... | ... | ... | ... | ... |
| Sanitary Conveniences (S.7) | insufficient | ... | ... | ... |
| | unsuitable or | ... | ... | ... |
| | defective | 2 | 2 | ... |
| not separate | ... | ... | ... | ... |
| | for sexes | 1 | 1 | ... |
| Other offences | ... | ... | ... | ... |
| (Not including offences relating to Home Work or offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921, and re-enacted in the Third Schedule to the Factories Act, 1937). | ... | ... | ... | ... |
| Totals..... | 5 | 5 | ... | ... |

CLEANSING SERVICES.

Collection and Disposal of Household Refuse;

Street Cleansing; Gully Cleansing;

Snow Removal, Etc.

Year Ending March 31st, 1939.

Refuse dealt with:—

House and Shop Refuse

| | | T. | c. | q. |
|-------------------------------------|-------------------------|------|----|----|
| Horses | Accrington | 2887 | 17 | 2 |
| | Huncoat (to tips) | 477 | 0 | 0 |
| Motors | | 4362 | 3 | 2 |
| Total of Domestic Refuse Yield..... | | 7727 | 1 | 0 |

Clinker from Schools, etc.

| | | | |
|-----------------------|------|---|---|
| Accrington only | 754 | 0 | 0 |
| | 8481 | 1 | 0 |

Market Refuse

| | | T. | c. | q. |
|---------------|-------|-----|----|----|
| Horses | | 260 | 16 | 3 |
| Motors | | 169 | 12 | 2 |
| | | 430 | 9 | 1 |

Fish and Trade Refuse from Shops

| | | T. | c. | q. |
|----------------------|-------|-----|----|----|
| Horses | | 327 | 11 | 1 |
| Motors | | 224 | 2 | 1 |
| Miscellaneous | | 138 | 1 | 0 |
| | | 689 | 14 | 2 |

| | | | |
|----------------------------------|------|---|---|
| Total weight of Refuse collected | 9601 | 4 | 3 |
| Refuse taken to tips..... | 1231 | 0 | 0 |

| | | | |
|--|------|---|---|
| Refuse dealt with at Disposal Works..... | 8370 | 4 | 3 |
|--|------|---|---|

COLLECTION.

Table IV of this section of the report shows that the increasing cost of the services of the dustman has continued from last year, the principal contributing factor being the erection and occupation of 114 new dwellings, each of the type which usually increases the distance over which the dustbin has to be carried to the point of loading. The increased cost of this service over 1937 is £89. Economic control has been carefully exercised, in which connection it will be interesting to note that expenditure directly related to refuse collection, such as wages, motor vehicle maintenance, and horse hire, all show a substantial reduction. The apportionable charges from the new Cleansing Depot amounting to £170, of which about £100 is the amount of increase over previous figures, appear in the accounts for the first time, whilst savings effected by centralization of cleansing services at the new depot have been reflected principally in a substantial reduction of Street Cleansing expenditure.

It will be interesting to note that the weight of a cubic yard of refuse both in summer and winter shows an increase on last year, due in the main to an increase in the fine dust content, of which 83 tons more were screened from a slightly less refuse yield than in 1937-38.

TABLE I.

TONNAGE, RECEPTACLES, AND PREMISES COMPARISONS.

| | 1935 | 1936 | 1937 | 1938 |
|--------------------------------|---------|---------|---------|---------|
| Tonnage (Domestic Refuse) | 7,776 | 7,741 | 7,233 | 7,250 |
| Bin Emptyings | 634,825 | 663,241 | 654,109 | 591,627 |
| No. of premises collected from | 13,177 | 13,324 | 13,454 | 13,558 |

TABLE II.
REFUSE COLLECTION—DISTRICT EFFICIENCY.

| | District: | | | |
|--|----------------------|------------------------|----------|----------|
| | Spring Hill and West | Peel Park and Baxenden | North | Centre |
| Total emptyings | 180,508 | 166,644 | 127.816 | 116.659 |
| Total tonnage | 2429.87 | 1932.79 | 1503.85 | 1389.55 |
| Bins per man per hour | 18 | 17 | 17 | 17 |
| Weight per man per hour.... (excluding weight of bin) | lbs. 546 | lbs. 445 | lbs. 456 | lbs. 453 |
| Weight per bin (lbs.) | 30 | 26 | 26 | 27 |
| No. of bins for District..... | 4,555 | 3,677 | 2,664 | 2,355 |
| Frequency of emptyings | 40 | 45 | 48 | 50 |
| Total mileage travelled by vehicle | 4236.2 | 4142.8 | 1766.7 | 1586.4 |

TABLE III.
QUANTITATIVE (SEASONAL) REFUSE ANALYSES:
ACCRINGTON.

| Analysis. | Summer. | | Winter. | |
|---|---------|--------|---------|--------|
| | Weight | % | Weight | % |
| | lbs. | | lbs. | |
| Weight of one cubic yard | 542 | 100.00 | 697 | 100.00 |
| Fine dust minus 5/16" | 199 | 36.7 | 328 | 47.1 |
| Fuel cinder over 5/16" but minus 3/4" | 91 | 16.8 | 124 | 17.8 |
| Fuel cinder over 3/4" | 28 | 5.2 | 60 | 8.6 |
| Organic matter | 36 | 6.6 | 25 | 3.6 |
| Paper | 73 | 13.5 | 43 | 6.2 |
| Metal | 27 | 5.0 | 26 | 3.7 |
| Rags | 7 | 1.3 | 7 | 1.0 |
| Glass | 22 | 4.1 | 15 | 2.1 |
| Bone | 3 | 0.5 | 2 | 0.3 |
| Unclassified Combustible | 25 | 4.6 | 10 | 1.4 |
| Unclassified Incombustible | 31 | 5.7 | 57 | 8.2 |

Note.—The standard bin in use has a capacity of 3.157 cubic feet. Therefore on the above refuse density a full bin in summer would hold 63 lbs., and in winter 81 lbs. Actually the average weight per bin in summer was 24lbs., and in winter 31lbs., so that, on the average, the bins have never been more than half full.

TABLE IV.

COLLECTION EXPENDITURE.

| | 1935-36 | 1936-37 | 1937-38 | 1938-39 |
|---------------------------|---------|---------|---------|---------|
| | £ | £ | £ | £ |
| Gross Expenditure | 4841 | 4797 | 5185 | 5304 |
| Gross Income | 479 | 491 | 389 | 419 |
| Net Cost | 4362 | 4306 | 4796 | 4885 |
| | s. d. | s. d. | s. d. | s. d. |
| Net Cost per ton | 8 5.5 | 8 4.5 | 9 11.1 | 10 2.1 |
| .. „ 1,000 population.... | £106 | £106 | £120 | £123 |
| .. „ 1,000 premises | £331 | £323 | £357 | £361 |

TABLE V.

VEHICLE PERFORMANCE TABLE.

| Vehicle | Purchased | Actual Hours Worked | Repairs | Cleaning | % Hours Running | Last Year's Performance | Hours Holiday |
|-------------------|----------------|---------------------|---------|----------|-----------------|-------------------------|---------------|
| S. and D. TE 9389 | September 1929 | 2633½ | 38 | 51 | 96.7 | 97.0 | 53½ |
| Vulcan 6 TD 3441 | August 1925 | 2415¾ | 159½ | 46 | 92.1 | 86.5 | 58¾ |
| Dennis 2 BTD 22 | November 1936 | 2565½ | 17¾ | 104 | 95.4 | 96.2 | 53½ |
| Dennis 1 ATC 439 | September 1935 | 2365¾ | 64 | 105 | 93.3 | 91.6 | 106½ |
| Total | | 9980½ | 279½ | 306 | 94.5 | 92.9 | 272 |

DISPOSAL.

Refuse Disposal expenditure has remained fairly constant, but owing to the continued trade depression, receipts during the 1938-39 financial year fell by over £1,000. However, by reference to Table VI which follows it will be seen that the net expenditure for the period under review does not compare unfavourably with the more normal figures for 1935-36 and 1936-37.

TABLE VI.
DISPOSAL EXPENDITURE.

| | 1935-36 | 1936-37 | 1937-38 | 1938-39 |
|---|-------------|-------------|-------------|-------------|
| | £ | £ | £ | £ |
| Gross Expenditure | 6606 | 6375 | 6323 | 6185 |
| Gross Income | 3790 | 3546 | 4207 | 3158 |
| | <hr/> | <hr/> | <hr/> | <hr/> |
| Net Cost | 2816 | 2829 | 2116 | 3027 |
| | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> |
| | s. d. | s. d. | s. d. | s. d. |
| Net Cost per ton | 5 5.5 | 5 6.0 | 4 4.6 | 6 3.7 |
| Depreciation or loan charges per ton | 3 6.0 | 3 5.2 | 3 6.9 | 3 6.2 |
| | <hr/> | <hr/> | <hr/> | <hr/> |
| Net Cost of working plant, per ton of refuse, exclud- ing depreciation or loan charges | 1 11.5 | 2 0.8 | 0 9.7 | 2 9.5 |
| Net Cost per 1,000 population | £69 | £70 | £53 | £76 |
| Net Cost per 1,000 premises | £214 | £212 | £157 | £223 |

NOTE.—Charges for superannuation and holidays with pay are included in all cases.

TABLE VII.

| Year | Weight of Refuse delivered to Works | Weight of 'Screenings' separated | % to whole | Weight of Flue Dust taken to Tips | Total Wages paid for Separation and Incineration | Cost of Carting 'Screenings' Flue Dust and Clinker to Tips |
|--------|--|--|------------------|--|---|---|
| | (Tons) | (Tons) | (%) | (Tons) | (£) | (£) |
| 1935-6 | 8,916 | 3,091 | 34.8 | 51 | 1,337 | 258 |
| 1936-7 | 8,874 | 2,985 | 33.7 | 72 | 1,217 | 238 |
| 1937-8 | 8,382 | 3,036 | 36.2 | 58 | 1,202 | 302 |
| 1938-9 | 8,370 | 3,119 | 37.3 | 55 | 1,161 | 347 |

SALES.

YEAR ENDED 31st MARCH, 1939.

| | £ | s. | d. |
|-----------------------|-------------|----|----|
| Waste Paper | 104 | 16 | 0 |
| Scrap Metal | 17 | 5 | 5 |
| Sundries | 15 | 15 | 3 |
| Rags | 15 | 15 | 7 |
| Mortar | 1619 | 0 | 4 |
| | <hr/> | | |
| | 1772 | 12 | 7 |
| Calorific Power | 800 | 0 | 0 |
| | <hr/> | | |
| | *2527 | 12 | 7 |
| | <hr/> <hr/> | | |

*This figure is considerably less than the totals of gross income in the tables which follow, as certain amounts for inter-departmental charges, and transfers for destroying refuse and use of vehicles are here omitted.

STREET CLEANSING, INCLUDING SNOW REMOVAL, FROST PRECAUTIONS, AND GULLY CLEANSING, Etc.

Despite the addition of 17,876 square yards of street surfaces to the Borough during the year, expenditure fell by £180, notwithstanding the introduction for the first time of the apportionable expenditure for the newly converted dépôt. The cost of gully cleansing showed a decrease of £50, whilst the Dennis machine again carried out the cleansing of all street gullies in the adjoining districts of Church and Oswaldtwistle with apparent satisfaction to the authorities concerned.

The following figures give the net cost of street cleansing for the past four years:—

| 1935-36. | 1936-37. | 1937-38. | 1938-39. |
|----------|----------|----------|----------|
| £ | £ | £ | £ |
| 3,288 | 3,367 | 3,417 | 3,292 |

The keen wintry weather necessitated frequent applications of salt to the road surfaces of the Borough, much of which work was accomplished whilst the town slept. The purchase of chemical salt alone cost the ratepayers over £500, yet it can be stated with confidence that the whole cost of snow removal, which amounted to £686, would have been much more than doubled had the early application of salt to frozen surfaces not been resorted to. Cost apart, this service nowadays should be operable any moment of the day or night at very short notice, so that comparatively narrow main roads are kept fully open, as by such means only can road safety be assured.

CLEANSING SERVICE.

House and Trade Refuse.

Table showing Costs for the Year ended 31st March, 1933.

| Item. | Particulars. | I. COLLECTION. | | | II.—DISPOSAL. | | | TOTAL. | |
|-------------------------|--|---|---|---------|---|---|-----------------------------|---|---|
| | | Including Depreciation or Loan Charges. | Excluding Depreciation or Loan Charges. | (3) | Including Depreciation or Loan Charges. | Excluding Depreciation or Loan Charges. | (5) | Including Depreciation or Loan Charges. | Excluding Depreciation or Loan Charges. |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| Revenue Account. | | | | | | | | | |
| A. | Gross expenditure | £ 5,304 | £ 5,228 | £ 6,185 | £ 4,500 | £ 11,489 | £ 9,728 | | |
| B. | Gross income | 419 | 419 | 3,158 | 3,158 | 3,577 | 3,577 | | |
| C. | Net cost | 4,885 | 4,809 | 3,027 | 1,342 | 7,912 | 6,151 | | |
| Unit Costs | | | | | | | | | |
| D. | Gross expenditure per ton | 11 | 10 | 12 | 9 | 23 | 20 | | |
| E. | Gross income per ton | 0.6 | 0.7 | 10.6 | 4.4 | 11.2 | 3.1 | | |
| F. | Net cost, per ton | 10.5 | 10.5 | 6 | 6 | 7 | 7 | | |
| G. | Net cost, per 1,000 population | 2.1 | 2.2 | 3.7 | 2.9 | 5.8 | 4.7 | | |
| H. | Net cost per 1,000 houses or premises from which refuse is collected | 123 | 122 | 76 | 34 | 199 | 156 | | |
| Rate Poundage | | | | | | | | | |
| J. | Net cost; equivalent rate in the £ | 361 | 355 | 223 | 99 | 584 | 454 | | |
| K. | Percentage of J. to total rates in the £ | d. 5.04 | d. 4.96 | d. 3.12 | d. 1.38 | d. 8.16 | d. 6.34 | | |
| | | 3.05% | 3.01% | 1.89% | 0.84% | 4.94% | 3.85% | | |
| 1937-38 | | | | | | | | | |
| 1. | Total refuse collected (in tons) | | | | 9,660 | | 9,601 | | |
| 2. | Population | | | | 39,860 | | 39,570 | | |
| 3. | Weight (in cwt.) per 1,000 population per day (365 days to year) | | | | 13.3 | | 13.3 | | |
| 4. | Number of houses and premises | | | | 13,454 | | 13,558 | | |
| 5. | Method of Collection— | | | | | | | | |
| | Horse-drawn vehicles | | | | 50 | | 49.74% | | |
| | Mechanically-propelled vehicles | | | | 24% | | 50.26% | | |
| 6. | Product of a penny rate | | | | £ 937 | | £ 970 | | |
| 7. | Method of disposal— | | | | | | | | |
| | Salvage, Incineration and Utilisation | | | | 86.8% | | 87.2% | | |
| | Tipping | | | | 13.2% | | 12.8% | | |
| 8. | Average length of haul to disposal point | | | | approx. $\frac{3}{4}$ mile. | | approx. $\frac{3}{4}$ mile. | | |

BOROUGH OF ACCRINGTON. **CLEANSING SERVICE.**

Street Cleansing.

Table showing Costs for the Year ended 31st March, 1939.

III.—STREET CLEANSING.

| Item. | Particulars. | Street Sweeping and Watering. | | Gully Cleansing. | | Including Depreciation or Loan Charges. | | Snow Removal. | |
|-------|--|---|---------|---|---------|---|---------|---|-------|
| (1) | (2) | Including Depreciation or Loan Charges. | | Including Depreciation or Loan Charges. | | Including Depreciation or Loan Charges. | | Including Depreciation or Loan Charges. | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| | Revenue Account. | £ | £ | £ | £ | £ | £ | £ | £ |
| A. | Gross expenditure | 3,658 | 3,603 | 613 | 613 | 699 | 699 | — | — |
| B. | Gross income | 366 | 366 | 153 | 153 | 13 | 13 | — | — |
| C. | Net cost | 3,292 | 3,237 | 460 | 460 | 686 | 686 | — | — |
| | Unit Costs | s. | s. | s. | s. | s. | s. | s. | s. |
| D. | Net cost, per 10,000 square yards cleaned | 17 9.5 | 17 6.0 | — | — | — | — | — | — |
| E. | Net cost, per 1,000 gullies cleaned | — | — | — | — | — | — | — | — |
| F. | Net cost, per 1,000 of population | 83 | 82 | 11 13 0 | 11 13 0 | 17 11 9 | 17 11 9 | — | — |
| G. | Net cost; equivalent rate in the £ | d. 3 39 | d. 3 34 | d. 48 | d. 48 | d. 71 | d. 71 | d. 71 | d. 71 |

1937-38.

1938-39.

36,984,775 (approx.)

37,002,651 (approx.)

1. Square yards of street cleansed, exclusive of footpaths

2. Total number of gullies cleansed (i.e., actual emptyings)

3. Rateable value

4. Product of a penny rate

5. Total rates in the £

6. Total mileage of roads, including New Housing Estates

7. Population

8. Approximate mileage of Streets cleansed—

(a) Daily

(b) Three times weekly

(c) Once weekly

AIR RAID PRECAUTIONS.

In common with others throughout the country the department has devoted much time to Air Raid Precautions work. As the department having control of Street Cleansing we are responsible for the organisation of the Borough's Decontamination Services. Training has included the qualifying by two Assistant Sanitary Inspectors as L.A.G.C. Instructors, who in turn have undertaken the training of the department's personnel in anti-gas measures. Forty-four employees volunteered for decontamination duties, since when all have received anti-gas training. Of recent months Mr. Cunliffe, Senior Assistant Sanitary Inspector, has attended the Government Air Raid Precautions School at Easingwold, having qualified as an Instructor (A.R.P.S.), obtaining a First Class and Special Certificate. It now remains for the employees to receive full practical training in decontamination work, and it is hoped that such training will be given during 1939.

In conclusion my thanks are due to the Chairman, Vice-Chairman, members of the Health and Cleansing Committee, the Town Clerk and other colleague officials, along with all members of the staff, and employees, for much encouragement and assistance during the year.

I am,

Lady and Gentlemen,

Yours obediently,

J. A. HINDLE,

Chief Sanitary Inspector and
Cleansing Superintendent.

School Medical Service.

ELEMENTARY EDUCATION SUB-COMMITTEE.

THE MAYOR, Ex-officio.

Chairman : COUNCILLOR HINDLE (Miss).

Mr. ALDERMAN ELLIS.

„ „ RAWSON.

„ „ TETLOW.

„ „ WADDINGTON.

„ „ WILKINSON (A).

„ COUNCILLOR ARNETT.

„ „ CAMPBELL.

„ „ CONSTANTINE.

„ „ LANCASTER.

„ „ MILLS.

„ „ MOORHOUSE.

„ „ PILKINGTON.

„ „ SMITH.

„ „ YATES.

Miss CRANKSHAW. Mr. F. HAYES. Mr. J. HEATON.

Rev. Father McAVOY. Mr. C. D. PIERCE. Miss WORSLEY.

DIRECTOR OF EDUCATION - - W. J. HOWELL, M.A.

1. Staff.

SCHOOL MEDICAL OFFICER :

JOHN D. KERSHAW,
M.D., B.S., D.P.H.

DEPUTY SCHOOL MEDICAL OFFICER :

JOSEPH T. BROWN,
M.B., Ch.B., D.P.H.

SCHOOL NURSES :

| | |
|-----------------------------|----------------|
| MISS C. GREENHALGH. | (a.) (b.) |
| MISS M. H. McPHERSON. | (a.) (b.) |
| MRS. R. FRYER. (Temporary). | (a.) (b.) (c.) |
| MISS M. M. PEACOCK. | (a.) (b.) (c.) |
| (Appointed May, 1938). | |

SECRETARY TO SCHOOL MEDICAL OFFICER :

MISS E. BILSBORROW.

CLERKS :

| | |
|------------------|--------------|
| MISS B. RILEY. | (Part-time). |
| MISS M. WHALLEY. | (Part-time). |

CONSULTING OPHTHALMIC AND AURAL SURGEON :

DR. J. S. GEDDIE. (Part-time)

ANÆSTHETIST TO DENTAL CLINIC :

DR. R. S. RITSON. (Until May, 1938). (Part-time).

SCHOOL DENTIST :

MR. F. LOMAX, L.D.S.

DENTAL ATTENDANT :

MISS A. BRADSHAW.

(a.) Trained Nurse. (b.) S.C.M. Certificate.
(c.) Health Visitor's Certificate.

SCHOOL MEDICAL SERVICE.

2. Co-ordination.

The pre-existing co-ordination of the School Medical service with other services has been maintained during the year and has been strengthened by the establishment of two new nursery classes at Hannah St. and Hyndburn Park schools, which, by increasing the amount of satisfactory accommodation available for children under the age of five, have materially helped to bridge the gap between the child welfare and the school medical services.

It has also become possible during the year to make the facilities afforded by the minor ailment clinic and the aural, ophthalmic and dental clinics available to children under school age, through the Child Welfare clinics.

3. School Hygiene.

Apart from the most urgent requirements in the way of sanitation, no important work has been undertaken during the year. This is a consequence of the impending reorganisation of the schools for it is obvious that, now that reorganisation seems near, it is wisest to defer consideration of the hygiene and structure of the present schools until their future functions are clearly determined.

4. Medical Inspection.

Nothing in a year of exceptional progress has been quite so gratifying as the liquidation of most of the arrears of school medical inspection. Naturally, they have not yet been completely liquidated; the intrusion of urgent problems of A.R.P. has been an unexpected claim on the time of the staff, but, even so, the middle of 1939 seems likely to see the stage set for the beginning of six-monthly routine inspections in all schools.

In interpreting the results and findings of routine medical inspection there must be borne in mind two points, first, that the number of children inspected is, in view of this liquidation of arrears, very much greater than in the previous two years, and,

in fact, greater than the "normal" annual number of inspections should be, and, second, that the majority of the inspections were carried out by the Deputy Medical Officer, so that there will, in some respects, have been a change in the standards adopted in the past two years.

Findings at Medical Inspection.

A total of 1756 routine inspections were made during the year and of the children inspected, 203, or 11.5%, were found to require treatment for various defects.

A. Malnutrition.

The total number of children placed in categories C and D under this head was 100, representing 5.7% of the children examined. It is interesting to note that this figure compares very closely with that of 1936 (4.69) when a purely clinical classification was used and is markedly lower than that of 1937, when the classification was based less on clinical abnormality than upon the probability or otherwise that an improvement in diet would improve the physical condition. It is certainly not justifiable to assume that the drop in the percentage figure implies any notable improvement in the general nutritional state of the child population.

B. Uncleanliness.

During the year 8403 children were examined for cleanliness and of these 566 were found to be infested with lice or nits to a greater or less extent. This represents 6.7 % of those inspected, a marked increase on the previous year's figure of 4.03 %. Part of the increase is due to the fact that the inspections were somewhat more strictly conducted but this must not be allowed to obscure the fact that there is a great deal of indifference among parents on this question of verminous heads. Other towns which adopt as strict standards as we do are able to reduce their dirty heads to as low as 2% of those inspected, and with proper parental co-operation, we could do the same. If 93% of parents are able to keep their children's heads clean the remainder could do the same if they made a real effort.

C. **Minor Ailments.**

The fact that very few minor ailments are discovered at routine inspection is due to the increasing use made of the minor ailment clinic for special inspections and is a welcome sign of the great degree of co-operation which the Service is continuing to receive from parents and teachers.

D. **Visual Defects and External Eye Disease.**

Under neither of these heads was there anything noteworthy in the way of a departure from previous years' results.

E. **Nose and Throat Defects.**

There was a marked increase in the number of cases of chronic tonsillitis referred for observation, which is, in the main, to be attributed to the different standards which were employed by the Deputy Medical Officer.

F. **Ear Disease and Defective Hearing.**

Once again the incidence of ear defects was low, though the number seen at special inspections remained much the same.

G. **Dental Defects.**

The report of the Dental Officer shows that there has been little change in this class of defect and I believe that the major causes are those which I discussed at some length last year. It will suffice to say now that literally thousands of teeth are wasted in a year by lack of attention, by faulty diet and by the stupid postponement of treatment until they are quite unsalvageable.

As with so many other things, there is a limit to the amount of useful work that the School Medical Service can itself do in this matter. The facilities now provided for treatment are first-class and the carrying out of inspections every six months means that almost every child receives warning of dental decay in time for the teeth to be saved. The blame must rest primarily upon the parents, either for their own carelessness or for their short-sighted and mistaken kindness in allowing the child's largely groundless fears of the dentist to delay or prevent treatment.

There are even those parents who themselves produce in the child fear of the dentist. More than once I have actually heard a child threatened with a visit to the dentist as if that were the most refined torture that the foolish parent could think of. It is possible that some parents may have had unpleasant experiences in the dental chair in their own youth, but with modern technique there is no particular pain even in a large filling operation, and very little discomfort. And, of course, the earlier treatment is sought, the less is the likelihood of even a little pain. Certainly anyone who has had experience of both would willingly prefer a small filling to even a single night of toothache. The schools are doing their best to fight this ignorance and indolence but it seems almost impossible to increase the present low acceptance rate for treatment.

H. Orthopaedic and Postural Defects.

In spite of the increased number of inspections, the number of children found to be suffering from orthopaedic defects requiring treatment was much the same as in the previous year. This again may be attributed to the great use which is being made of the inspection clinic.

I. Heart and Circulatory Defects.

In this category there is a marked increase in the actual number of defects found, including organic and functional heart disease and anaemia. The increase is, however, not so great as to give any grounds for disquiet.

J. Tuberculosis.

One case of suspected pulmonary tuberculosis and five of other forms of the disease were found at medical inspection and referred for observation.

K. Other Defects.

There is nothing requiring comment under this head.

5. Nutrition Surveys.

During the year special nutrition surveys were carried out in several schools apart from the ordinary routine inspections. Since it was the intention, in these, to work out a technique for future use, several methods of survey and examination were tried and the results are, therefore, of no statistical value and are not given. It was intended, in 1939, to use the experience gained in 1938 to carry out six-monthly nutrition surveys of the whole school population, but the intrusion of A.R.P. has, in this too, so far prevented a start being made.

6. Infectious Disease.

Apart from the epidemic of diphtheria at the beginning of the year, to which fuller reference is made elsewhere in this report, there has been little of note under this head. The town enjoys, in fact, a somewhat unusual degree of immunity from some of the commoner infectious diseases, possibly on account of the fact that it is in rather an isolated situation.

7. Arrangements for Treatment.

During the year progress was made with the building of the new Health Centre and this was opened in May, 1939. The following description of the building is taken from the official brochure which was prepared for the opening ceremony.

The Clinic is designed to house the School Medical and Maternity and Child Welfare Clinics, and the bacteriological work of the Health Department. It replaces rented temporary premises which have been used hitherto.

The west wing is devoted to the School Medical Service and contains rooms for medical examination and treatment and a Dental Suite. The waiting room is common to the general School Medical and the Dental Work. For Routine Inspection Clinics the Medical Officer will use the room assigned to him, while treatment of minor ailments will be carried on in the "Minor Ailments" Room. The Medical Officer's room will also be used for refraction work. It is fitted with light-tight blinds and one corner is painted

matt black and contains the usual type of lamp bracket. The diagonal of the room gives the correct distance for the test type. Experience has shown that a lay-out of this type is highly satisfactory for refraction work and that a special dark room is unnecessary.

The Dental Surgery is, for obvious reasons, placed at the extreme end of the wing, as far as possible from the waiting room. When a child leaves the surgery he passes into the recovery room, where he is joined by his parent, the two leaving by the door of the recovery room which communicates direct with the outside in order that incoming and outgoing patients shall not meet.

The Pram Shelter is of unusual design. The ordinary arrangement of a shed by the side of the building is undesirable in the climate of Lancashire, where it is important that an infant should be under cover during transit from its pram to the waiting room. Infants will pass from the waiting room to the weighing room where they will be undressed and weighed, those requiring consultations with the doctor passing on to the Medical Officer's room. In the weighing room are two folding partitions which form cubicles for the undressing of patients at the ante-natal clinic.

The ante-room communicates by a hatch with the waiting room and will be used for the preparation of cups of tea, etc. The waiting room is of generous dimensions in order that it may be used for lectures to mothers, mothercraft classes for children, etc. It will also house a special class for children with defective speech on two half-days per week and may later be equipped and used for remedial exercises, etc.

The small Laboratory is to be used for general public health bacteriological work (i.e., swabs, sputum, and investigations on milk and water).

The adoption of the semi-permanent type of building, though enabling considerable economies to be made, was dictated mainly by considerations of future developments. Since the organisation of health services is at present in a fluid state it is probable that

any present-day clinic design may be obsolete in twenty years and the erection of a building which would structurally outlive its functional efficiency might handicap future developments to a considerable extent.

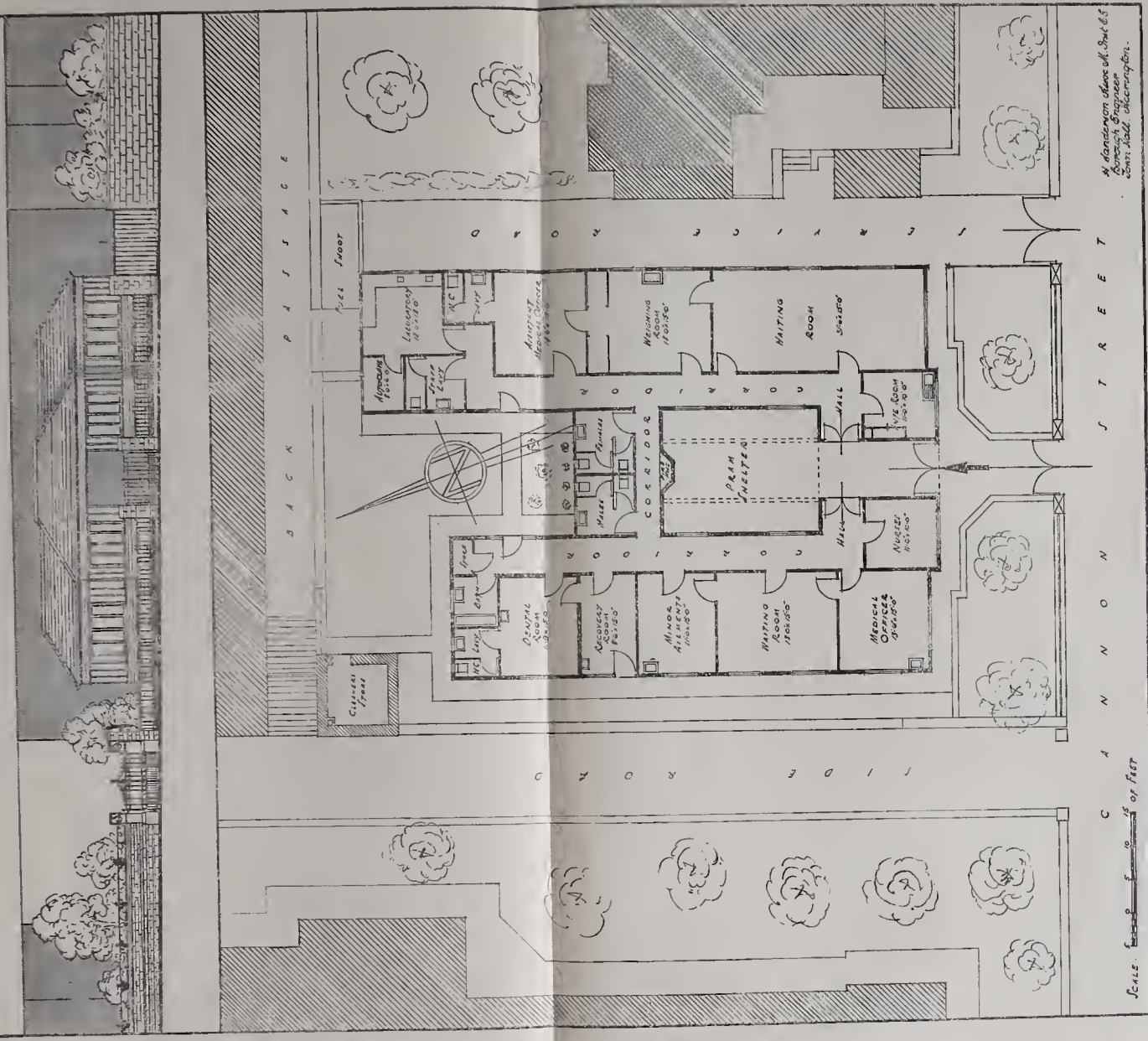
The building is of the semi-permanent type of construction of timber framing, faced externally with diagonal boarding and Western Red Cedar weather boarding, the whole roofed with Red Cedar Shingles. Internally the walls are faced with "Gyproc" Plasterboard finished with enamel and easily washable. The floors to the corridors and principal rooms are covered with thick plain brown Linoleum, whilst the floor covering to the Lavatories and Bathroom is carried out in Natural Black Rock Asphalt with coved skirting to walls. The corridors are roofed with Patent Glazing, having aluminium alloy glazing bars. The walls of the Dental Room have been lined internally with a sound proof blanket so as to minimise any air borne sound penetrating to the adjoining rooms.

The building is lighted and heated by electricity, the installation having been supervised by the Borough Electrical Engineer, Mr. A. W. Clegg, M.I.E.E.

The heating is carried out by "Thermovents"—Thermostatically Controlled Electric Convection Heaters built into the walls of the various rooms. This type of heating in practical form is comparatively new, the principle being that the heaters heat the air in the room by a totally enclosed black heat element. Cold air is drawn into the heater at the bottom inlet grille and the air is rapidly warmed, rises and passes out through the top outlet grille into the room, setting up a continuous circulation and steady flow of warm air throughout the room. This movement of air is natural, there being no fans or other moving parts.

The heaters are controlled by a built-in Thermostat, giving the advantages of current economy and controlled temperature. Thus by a touch of a knob the heaters can be switched "on" or "off" and the temperature of the rooms regulated to suit the requirements of the occupants. An added feature is the provision

MUNICIPAL HEALTH CENTRE



Attestation of the
 Design Engineer
 J. H. H. H. H.

Scale: 1" = 10' of feet

of a fresh air inlet communicating with the outside air. This can be regulated at will and enables the air in the room to be changed as often as desired. Hot water is provided by independent electric heaters placed over the lavatory basins.

The whole scheme has been planned and carried out under the supervision of Mr. H. Sanderson, Assoc.M.Inst.C.E., Borough Engineer, in collaboration with Dr. J. D. Kershaw, M.B., B.S., D.P.H., Medical Officer of Health. In connection with the Health Centre, valuable assistance was given by Mr. A. H. Ashworth, Architectural Assistant in the Borough Engineer's Department. Mr. G. Barnes, Building Inspector, has acted as Clerk of Works during the construction, which was commenced in late September, 1938, by Messrs. Clegg Bros. (Burnley) Ltd., as General Contractors.

The estimated cost of the Health Centre, including furniture and fittings, is £3,800.

A. Minor Ailments, etc.

The institution of daily sessions of the minor ailment clinic has considerably increased the scope and value of the work.

B. Defective Vision.

The scheme for the treatment of defective vision has been reorganised, the ordinary refraction work being now carried out by the School Medical Officer and the Consulting Ophthalmic Surgeon being retained to deal with any exceptional or special cases which are discovered through the clinic.

The supply of spectacles is now on a more satisfactory basis. By reducing the range of types of frames available to four it has been possible to secure both an increase in the quality and a reduction in the price, together with the elimination of the grossly unsuitable types of frame which were frequently bought under the old system. The optician attends at the Health Centre as required and personally deals with the fitting of the spectacles, with the result that there has been a marked improvement in the fit, as well as the type, of the frames. After the glasses are

supplied, every pair is checked, as regards the fit and the accuracy of the lens prescription, by the School Medical Officer, so that there are now few opportunities for a child to obtain incorrect glasses.

C. Nose and Throat Defects.

In consequence of the reorganisation of the services there was a considerable part of the year under review during which no arrangements for the treatment of these defects were in force. It is this which is responsible for the fact that, in spite of the increased number of inspections, the number of cases treated remains much the same.

D. Ear Disease and Defective Hearing.

The reorganisation of the Services has now made possible the holding of a regular Aural Clinic at which insufflation and, more recently, ionisation treatment for otorrhœa is given, with continuing satisfactory results.

During the latter part of the year the treatment of nasal catarrh by silver proteinate packs was also begun and this showed extremely gratifying results, though, owing to the limited period of the year during which it was in use, it is not yet possible to say definitely whether the apparent cures are permanent. The most that can be said at present is that immediate and substantial relief was given, not only to the catarrh, but to such secondary manifestations as catarrhal deafness, tonsillar enlargement and engorgement of the mucosa of the turbinates, in the great majority of cases.

The most interesting result of the work is that it so far tends to confirm the opinion, which is becoming increasingly held, that tonsillar sepsis is quite commonly secondary to other conditions of the naso-pharynx and that in such cases tonsillectomy is not only an irrational procedure but may be an actually harmful one, since it robs the body of one of its major defences against the primary condition.

E. Dental Defects.

The percentage of acceptances of treatment for dental defects remains substantially the same as in 1937. I have commented elsewhere on this and on the gross wastage of sound and saveable teeth which such a low acceptance rate leads to. That a healthy mouth is an insurance against many and various diseases of later life is a truism; it is nothing less than tragic that such a simple insurance policy should be so rarely taken out.

F. Orthopædic and Postural Defects.

There has been no change in the arrangements under this head, which have continued to operate satisfactorily.

G. Tuberculosis.

There has been no change in the arrangements for treatment.

8. Open-air Education.

(a). Chaigley Manor.

The Accrington and District Convalescent Home has continued its excellent work during the year, and the appended table shows the number of children from Accrington schools who have been in residence during the year. The Home is becoming annually a more indispensable adjunct to the School Medical Service and the Matron, Miss Bell, the Committee and the subscribers are all deserving of the highest gratitude.

A list of Accrington schools and the numbers of children sent to Chaigley is appended.

| School. | Number of children. | Extensions. |
|-----------------------------|------------------------|-------------|
| Spring Hill Council | 9 | 3 |
| St. Oswald's R.C. | 14 | 3 |
| Hyndburn Park Council | 21 | 3 |
| St. Anne's R.C. | 8 | 6 |
| Woodnook Council | 17 | 3 |

| School. | Number of children. | Extensions. |
|---------------------------------|------------------------|-------------|
| St. John's C.E. | 12 | 4 |
| Huncoat Council | 7 | — |
| St. Andrew's C.E. | 14 | 2 |
| St. James' C.E. | 6 | — |
| Special Class (St. James')..... | 1 | — |
| Hannah Street Council | 3 | 2 |
| St. Mary Magdalen's C.E. | 5 | 2 |
| Peel Park Council | 9 | 3 |
| St. Peter's C.E. | 17 | 9 |
| Benjamin Hargreaves' C.E.... | 6 | — |
| Woodnook St. Mary's C.E..... | 14 | 2 |
| Central School | 1 | — |
| Green Haworth C.E. | 4 | 1 |
| Baxenden C.E. | 5 | — |
| Grammar School | 1 | 1 |
| | <hr/> | <hr/> |
| | 174 | 44 |
| | <hr/> | <hr/> |

(b). **School Camp.**

It was not possible to take any further steps during the year in respect of School Camp or Camp Schools. The need for such arrangements remains, however, and it is to be hoped that the example of Nelson, which has already met with the appreciation of many members of the Acerington Education Committee, will be deemed worthy of emulation. It is now possible to build and maintain a camp school at a comparatively low cost and there is no doubt that the necessary outlay would be well repaid in an increase in mental and physical health.

(c). **Open-Air Schools.**

There is still no open-air school in the Borough, but the possibility of one is being considered in connection with the reorganisation of schools.

9. Provision of Meals.

The long overdue reorganisation of the provision of meals service is at last about to materialise. A scheme for the establishment of a central kitchen and dining-room at St. James' Infant School has been approved and should come into operation towards the end of 1939.

10. Co-operation of Teachers, Parents, Attendance Officers, and Voluntary Bodies.

All these individuals and bodies have continued to co-operate during the year. The only source of regret is that the attitude of the Teachers' organisation toward Parent-teacher Associations, while in itself reasonable, has so far prevented the great measure of co-operation obtained at the Nursery School from being extended to other schools.

11. Blind, Deaf, Epileptic and Defective Children.

During the year there has been no change in the provision for children in these categories. My pious hopes for the paying of greater attention to the existing class for mental defectives, expressed in last year's report, have been frustrated by the increase of A.R.P. work which has taken place.

12. Nursery Schools.

The addition of two nursery classes to existing infant schools has materially improved the provision under this head. Close medical supervision is being maintained, the nursery classes receiving monthly visits from myself and the nursery school a fortnightly visit.

13. Child Guidance.

At a conference of representatives of local authorities, held at the end of 1938, at Accrington, it was unanimously decided that the suggested scheme for a child guidance clinic in North-East Lancashire be recommended to the authorities represented

for favourable consideration. Subsequently all but one of the authorities in question decided to co-operate in the drawing up of a provisional scheme. Unfortunately the increased demands upon public time and money made by Air Raid Precautions have made it desirable to postpone further action for a few months, but it is expected that full and serious consideration of the scheme will be shortly resumed.

The authorities which agreed to consider the scheme have a total population of 500,000, with a school population of over 50,000 and the provisional scheme suggests that the cost to the area concerned would be in the region of one-thirteenth of a penny rate, which is an even more favourable position than the one I suggested a year ago.

14. Speech Therapy.

Agreement has been reached between Accrington, Darwen and Rawtenstall education authorities to engage a speech therapist who will devote two half-days per week to the service of each authority. The therapist has been appointed and will begin work in September, 1939.

15. Employment of Children and Young Persons.

The arrangements for supervising the employment of children and young persons are the same as in previous years. During the year 77 children were registered for employment out of school hours.

In accordance with Bye-law 5 (A) 57 children were examined for the delivery of newspapers and 5 for the delivery of milk, 11 being employed as errand boys and 4 as errand girls.

One child was examined and certified fit for variety entertainment.

It is rarely that I sanction the employment of children without grave qualms. I find it hard to believe that it can be beneficial for a child just entering the age of puberty and needing

to husband all his physical resources to leave home regularly in the early morning, often without an adequate breakfast, to tramp the streets in all kinds of weather, and I am convinced that in far more cases than is realised this curtailing of the hours of sleep and exposure to the rigours of the weather has a positively harmful effect. So long as the laws of the country and the by-laws of the town permit this exploitation of children I am compelled to give it my implied approval except in cases where there exists a definite physical defect. I am, also, compelled to acknowledge that in some cases the few shillings a week for which the child delivers his newspapers may make all the difference between adequate and inadequate food in the home, so that what is lost on the roundabouts may be gained on the swings. None the less, the custom is a relic of less humane times and might well be dispensed with.

Dental Report

School Dental Clinic,

14, Willow Street,

Accrington.

**To the Chairman and Members
of the Accrington Education Committee.**

Ladies and Gentlemen,

I have the honour of presenting my eleventh annual report as Dental Officer. This embraces the work of the Dental Service for the twelve months ended 31st December, 1938.

School Children.

Routine dental inspections were carried out at each school twice during the year and all age groups were included. Thus an interval of only six months elapses between one visit to a school and the next, which ensures an adequate service for those taking full advantage.

The total number of children examined was 8,182, during 64 sessions devoted to inspection, an approximate average of 128 children inspected per session.

331 children were also inspected at the Dental Clinic as special cases, making a grand total of 8,513 children inspected. As a result it was found that 4,996 were in need of dental treatment, which represents 58.68% of the total number inspected.

In all cases exhibiting dental defects the respective parents were notified and the requisite treatment was offered at the Dental Clinic. The number of children actually treated by the Dental Officer was 2,595, and these children made a total of 3,136 attendances in the course of 362 half-days spent in carrying out treatment.

The number treated is only 51.94% of the total in need of attention and shows a decline from last year, when 54.86% accepted. This would not be a matter for concern if one were aware that the majority of the remainder had been treated privately. My observations at inspections, however, reveal that this is not more than 5% on the average. In some schools a higher percentage receive private treatment but in others the figure is practically nil. Far too many people obstinately refuse to seek dental aid unless suffering from "toothache." Unfortunately, the so-called "toothache" in many instances is really pain associated with an abscessed condition. This condition has been caused by germs from a long standing decayed tooth passing through the apex of the tooth and setting up an infection of the jaw bone. In such cases extraction of the tooth does not necessarily result in a rapid clearing up of the infection. The germs may be of such a virulent type that the infection develops along the body of the jaw bone and is accompanied by intense pain and considerable swelling. The pus or matter formed may burrow along the tissues of the face and neck and cause ugly disfigurements. In extreme cases, many of which are on record, the result has been death due to septicæmia, or in other words, blood poisoning.

Thus the "wait until they ache" habit can have very serious consequences and in their own interests people clinging to this dangerous practice will be well advised to take warning in good time. As you are aware, a limited scheme of home-visiting was introduced about three years ago. Under this the Dental Attendant carries out the visits with a view to persuading parents

to accept treatment for their children. The duties of the Attendant at the Clinic are taken over by one of the nurses on the medical staff and effect can only be given when the staff is complete. Unfortunately, this was impossible during a considerable part of the year.

318 visits were paid to 284 homes and 194 interviews obtained. In 141 cases the parents consented to the treatment being done by the Dental Officer.

Considering now the total treatment carried out for school children in the course of the year, we find that 2,108 temporary and 321 permanent teeth were extracted, making a total of 2,429. General anæsthetics were administered in 695 cases. I must again point out that it is impossible to give a general anæsthetic in all cases requiring extractions. Two sessions only per week are allotted to this work and must be confined to absolutely essential cases. Many parents would only consent to extractions being performed under general anæsthesia and could not be accommodated owing to the restriction. As regards conservation of teeth, which is a main object of the Dental Service, I regret that the value of this is not properly appreciated. 926 fillings were completed during the year and consisted of 871 in permanent and 55 in temporary teeth. 535 other operations were also performed and included gum treatment, sealings, silver nitrate, etc.

Expectant and Nursing Mothers and Pre-School Children.

During the year under review 8 mothers made 14 attendances at the Dental Clinic for treatment. 10 administrations of general anæsthetics were given and 61 teeth extracted. 3 mothers were supplied with dentures by private practitioners in the Borough, of their own choice, at the National Health Insurance scale of fees. In each case the completed dentures were inspected and approved by the Dental Officer. The total dentures supplied consisted of 2 full upper and lower dentures and 1 full lower denture.

8 pre-school children were also treated. These children made a total of 10 attendances and the treatment carried out included 5 administrations of general anæsthetics, 12 temporary teeth extractions, 4 temporary teeth fillings and 6 other operations.

I must now express my thanks to the Medical Officer for his continuous efforts to render the Dental Service all possible assistance and support. I am also greatly indebted to the Director of Education and his staff for many services, and to the Head Teachers for their willing co-operation. In conclusion, Ladies and Gentlemen, I tender my sincere appreciation of your kind consideration and continued confidence.

I am, Ladies and Gentlemen,

Your obedient servant,

FRED LOMAX,

Dental Officer.

APPENDIX.

Statistical Tables in respect of the Routine Inspection of
Elementary Schools, carried out during the year ended
31st December, 1938.

TABLE I.—Return of Medical Inspections.**A.—ROUTINE MEDICAL INSPECTIONS.**

Number of Inspections in the prescribed Groups :

| | |
|---|-------------|
| Entrants | 610 |
| Second Age Group | 621 |
| Third Age Group | 493 |
| | <hr/> |
| Total..... | 1,724 |
| | <hr/> |
| Number of other Routine Inspections | 32 |
| | <hr/> |
| Grand Total..... | 1,756 |
| | <hr/> <hr/> |

B.—OTHER INSPECTIONS.

| | |
|-------------------------------------|-------------|
| Number of Special Inspections | 1,094 |
| Number of Re-Inspections | 1,027 |
| | <hr/> |
| Total..... | 2,121 |
| | <hr/> <hr/> |

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual Children found at Routine Medical Inspection to require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

| GROUP. | For Defective Vision (excluding squint). | For all other conditions recorded in Table II A. | TOTAL. |
|--------------------------------|---|---|--------|
| Entrants | 9 | 35 | 44 |
| Second Age Group | 50 | 43 | 93 |
| Third Age Group | 34 | 26 | 60 |
| TOTAL (Prescribed Groups).. | 93 | 104 | 197 |
| Other Routine Inspections..... | — | 6 | 6 |
| GRAND TOTAL | 93 | 110 | 203 |

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1938.

| DEFECT OR DISEASE. | ROUTINE INSPECTIONS. | | SPECIAL INSPECTIONS. | |
|--|----------------------|---|----------------------|---|
| | No. of Defects. | | No. of Defects. | |
| | Requiring Treatment | Requiring to be kept under observation, but not requiring Treatment | Requiring Treatment | Requiring to be kept under observation, but not requiring Treatment |
| (1) | (2) | (3) | (4) | (5) |
| Skin. | | | | |
| Ringworm : | | | | |
| Scalp | — | — | — | — |
| Body | — | — | 9 | — |
| Scabies | — | — | 6 | — |
| Impetigo | 12 | 1 | 84 | — |
| Other Diseases | | | | — |
| (Non-Tuberculous) | 4 | 14 | 31 | — |
| Eye. | | | | |
| Blepharitis | 8 | 2 | 13 | — |
| Conjunctivitis | 2 | — | 39 | — |
| Keratitis | — | — | — | — |
| Corneal Opacities | — | — | — | — |
| Other Conditions (excluding Defective Vision and Squint) | 4 | — | 26 | — |
| Defective Vision (excluding Squint) | 93 | 19 | 50 | — |
| Squint | 7 | 16 | 2 | — |
| Ear. | | | | |
| Defective Hearing | 5 | 2 | 14 | — |
| Otitis Media | 5 | 1 | 35 | — |
| Other Ear Diseases | 2 | 6 | — | — |

TABLE II.—Continued.

| DEFECT OR DISEASE. | ROUTINE INSPECTIONS. | | SPECIAL INSPECTIONS. | |
|--|----------------------|---|----------------------|---|
| | No. of Defects. | | No. of Defects. | |
| | Requiring Treatment | Requiring to be kept under observation, but not requiring Treatment | Requiring Treatment | Requiring to be kept under observation, but not requiring Treatment |
| (1) | (2) | (3) | (4) | (5) |
| Nose and Throat. | | | | |
| Chronic Tonsillitis only | 6 | 268 | 26 | 1 |
| Adenoids only | — | 7 | — | — |
| Chronic Tonsillitis and Adenoids | 4 | 12 | 9 | 4 |
| Other Conditions | 5 | 17 | 25 | — |
| Enlarged Cervical Glands (Non-Tuberculous) | — | 18 | 5 | — |
| Defective Speech | — | 6 | 2 | 1 |
| Heart and Circulation. | | | | |
| Heart Disease : | | | | |
| Organic | 1 | 10 | 4 | 1 |
| Functional | — | 30 | — | 1 |
| Anæmia | 5 | 20 | 20 | 1 |
| Lungs. | | | | |
| Bronchitis | 9 | 45 | 16 | 3 |
| Other Non-Tuberculous Diseases | 5 | 21 | — | — |
| Tuberculosis. | | | | |
| Pulmonary : | | | | |
| Definite | — | — | — | — |
| Suspected | — | 1 | — | — |

TABLE II.—Continued.

| DEFECT OR DISEASE. | ROUTINE INSPECTIONS. | | SPECIAL INSPECTIONS. | |
|---|----------------------|--|----------------------|--|
| | No. of Defects. | | No. of Defects. | |
| | Requiring Treatment | Requiring to be kept under observation, but <i>not</i> requiring Treatment | Requiring Treatment | Requiring to be kept under observation, but <i>not</i> requiring Treatment |
| (1) | (2) | (3) | (4) | (5) |
| Tuberculosis —continued. | | | | |
| Non-Pulmonary : | | | | |
| Glands | — | 4 | — | — |
| Bones and Joints..... | — | — | — | — |
| Skin | — | — | — | — |
| Other Forms | — | 1 | — | — |
| Nervous System. | | | | |
| Epilepsy | 2 | 3 | — | 1 |
| Chorea | — | 3 | — | — |
| Other Conditions | — | 2 | — | — |
| Deformities. | | | | |
| Rickets | 1 | 6 | — | 1 |
| Spinal Curvature | 16 | 19 | — | 2 |
| Other Forms | 10 | 25 | 2 | 3 |
| Other Defects and Diseases (excluding Uncleanliness and Dental Diseases) | 4 | 76 | 22 | 2 |
| Total..... | 216 | 655 | 440 | 21 |

TABLE II.—Continued.

B.—Classification of the Nutrition of Children inspected during the Year in the Routine Age Groups.

| Age-groups | Number of Children Inspected | A (Excellent) | | B (Normal) | | C (Slightly subnormal) | | D (Bad) | |
|------------------------------|------------------------------|------------------|---|---------------|-------|---------------------------|------|------------|------|
| | | No. | % | No. | % | No. | % | No. | % |
| Entrants | 610 | — | — | 568 | 93.12 | 41 | 6.72 | 1 | 0.16 |
| Second Age-group | 621 | — | — | 587 | 94.52 | 34 | 5.48 | — | — |
| Third Age-group .. | 493 | — | — | 471 | 95.54 | 22 | 4.46 | — | — |
| Other Routine Inspections... | 32 | — | — | 30 | 93.75 | 2 | 6.25 | — | — |
| Total..... | 1756 | — | — | 1656 | 94.30 | 99 | 5.64 | 1 | 0.06 |

**TABLE III.—Return of all Exceptional Children in the Area
in 1938.**

Blind Children.

| At Certified Schools for the Blind. | At Public Elementary Schools. | At other Institutions. | At no School or Institution. | Total. |
|--|--|------------------------------|---------------------------------------|--------|
| — | — | — | — | — |

Partially Sighted Children.

| At Certified Schools for the Blind. | At Certified Schools for the Partially Sighted. | At Public Elementary Schools. | At other Institutions. | At no School or Institution. | Total. |
|---|--|--|------------------------------|---------------------------------------|--------|
| — | — | 4 | — | — | 4 |

Deaf Children.

| At Certified Schools for the Deaf. | At Public Elementary Schools | At other Institutions. | At no School or Institution. | Total. |
|---|---------------------------------------|------------------------------|---------------------------------------|--------|
| 5 | — | — | — | 5 |

Partially Deaf Children.

| At Certified Schools for the Deaf. | At Certified Schools for the partially Deaf. | At Public Elementary Schools. | At other Institutions. | At no School or Institution. | Total. |
|--|---|--|------------------------------|---------------------------------------|--------|
| — | 1 | — | — | — | 1 |

Mentally Defective Children.

Feeble-minded Children.

| At Certified Schools for Mentally Defective Children. | At Public Elementary Schools. | At other Institutions. | At no School or Institution. | Total. |
|---|--|------------------------------|---------------------------------------|--------|
| — | 6 | — | — | 6 |

Epileptic Children.

Children suffering from Severe Epilepsy.

| At Certified Special Schools. | At Public Elementary Schools. | At other Institutions. | At no School or Institution. | Total. |
|--|--|------------------------------|---------------------------------------|--------|
| — | 1 | — | 1 | 2 |

Physically Defective Children.**A.—Tuberculous Children.****I.—Children suffering from Pulmonary Tuberculosis.**

| At Certified Special Schools. | At Public Elementary Schools. | At other Institutions. | At no School or Institution. | Total. |
|--|--|------------------------------|---------------------------------------|--------|
| — | 2 | — | — | 2 |

II.—Children suffering from Non-Pulmonary Tuberculosis.

| At Certified Special Schools. | At Public Elementary Schools. | At other Institutions. | At no School or Institution. | Total. |
|--|--|------------------------------|---------------------------------------|--------|
| — | 14 | 2 | 2 | 18 |

B.—Delicate Children.

| At Certified Special Schools. | At Public Elementary Schools. | At other Institutions. | At no School or Institution. | Total. |
|--|--|------------------------------|---------------------------------------|--------|
| — | 10 | — | 1 | 11 |

C.—Crippled Children.

| At Certified Special Schools. | At Public Elementary Schools. | At other Institutions. | At no School or Institution. | Total. |
|--|--|------------------------------|---------------------------------------|--------|
| — | 9 | — | — | 9 |

D.—Children with Heart Disease.

| At Certified Special Schools. | At Public Elementary Schools. | At other Institutions. | At no School or Institution. | Total. |
|--|--|------------------------------|---------------------------------------|--------|
| — | — | — | — | — |

Children suffering from Multiple Defects.

i.e. : from any combination of the following types of defect:—

Blindness (excluding partially sighted children); Deafness (excluding partially deaf children); Mental Defect (Feeble-minded); Severe Epilepsy; Active Tuberculosis; Crippling (as defined in Section C above); Heart Disease.

| Combination of Defect. | At Certified Special Schools. | At Public Elementary Schools. | At other Institutions | At no School or Institution. | Total. |
|-------------------------------|--|--|-----------------------------|---------------------------------------|--------|
| Crippled and Feeble-minded | — | 1 | — | 1 | 2 |
| Blind and Feeble-minded | — | — | — | 1 | 1 |

TABLE IV.—Return of Defects treated during the year ended 31st December, 1938.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group VI.)

| Disease or Defect. | Number of Defects treated, or under treatment during the year. | | |
|--|--|------------|--------|
| | Under the Authority's Scheme. | Otherwise. | Total. |
| (1) | (2) | (3) | (4) |
| Skin. | | | |
| Ringworm (Scalp): | | | |
| (i) X-Ray Treatment | — | — | — |
| (ii) Other Treatment.. | — | — | — |
| Ringworm (Body) | 9 | — | 9 |
| Scabies | 6 | — | 6 |
| Impetigo | 84 | — | 84 |
| Other skin disease..... | 31 | — | 31 |
| Minor Eye Defects | 78 | — | 78 |
| (External and other, but excluding cases falling in Group II.) | | | |
| Minor Ear Defects | 75 | — | 75 |
| Miscellaneous | 392 | 9 | 401 |
| (e.g., minor injuries, bruises, sores, chil-blains, etc.) | | | |
| Total | 675 | 9 | 684 |

TABLE IV.—Continued

GROUP II.— DEFECTIVE VISION and SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

| Defect or Disease. | No. of Defects dealt with. | | |
|--|-------------------------------|------------|--------|
| | Under the Authority's Scheme. | Otherwise. | Total. |
| (1) | (2) | (3) | (4) |
| Errors of Refraction (including squint) (Operations for squint should be recorded separately in the body of the School Medical Officer's Report). | 263 | — | 263 |
| Other Defect or Disease of the Eyes (excluding those re-recorded in Group I) | 1 | 4 | 5 |
| Total..... | 264 | 4 | 268 |

Number of children for whom spectacles were prescribed:—

| | |
|---------------------------------------|-----|
| (i) Under the Authority's Scheme..... | 193 |
| (ii) Otherwise | — |
| Total..... | 193 |

Number of children for whom spectacles were obtained:—

| | |
|---------------------------------------|-----|
| (i) Under the Authority's Scheme..... | 193 |
| (ii) Otherwise | — |
| Total..... | 193 |

TABLE IV.—Continued.

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.

| Received Operative Treatment | | | | | | | | | | | | Received other forms of Treatment | Total number treated. | |
|---|------|-------|------|---|------|-------|------|--------|------|-------|------|---|-----------------------------|-----|
| Under the Authority's Scheme, in Clinic or Hospital. | | | | By Private Practitioner or Hospital, apart from the Authority's Scheme. | | | | Total. | | | | | | |
| (1) | | | | (2) | | | | (3) | | | | | | (4) |
| (i) | (ii) | (iii) | (iv) | (i) | (ii) | (iii) | (iv) | (i) | (ii) | (iii) | (iv) | | | |
| — | — | 27 | — | — | — | 12 | — | — | — | 39 | — | — | 39 | |

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids.

(iv) Other defects of the nose and throat.

TABLE IV.—Continued.
GROUP. IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

| | Under the Authority's Scheme. (1) | | | Otherwise. (2) | | | Total numbe treated. |
|----------------------------------|---|---|---|---|---|---|----------------------------|
| | Residential treatment with education. (i) | Residential treatment without education. (ii) | Non-Residential treatment at an orthopædic clinic. (iii) | Residential treatment with education. (i) | Residential treatment without education. (ii) | Non-Residential treatment at an orthopædic clinic. (iii) | |
| Number of children treated | 2 | — | 20 | — | — | — | 20 |

TABLE V.**DENTAL INSPECTION AND TREATMENT.**

1—Number of children who were:—

(i) Inspected by the Dentist:

| | | Aged | | | |
|-------------------------|---|--------|-----|------|-------------|
| Routine Age Groups..... | } | 2 to 5 | ... | 1297 | Total 8,182 |
| | | 6 | ... | 704 | |
| | | 7 | ... | 828 | |
| | | 8 | ... | 927 | |
| | | 9 | ... | 928 | |
| | | 10 | ... | 914 | |
| | | 11 | ... | 847 | |
| | | 12 | ... | 801 | |
| | | 13 | ... | 810 | |
| Specials | } | 14 | ... | 126 | 331 |
| | | | | | |
| Grand Total | | | | | 8,513 |

2—Number found to require treatment 4,996

3—Number actually treated 2,595

4—Attendances made by children for treatment 3,136

5—Half-days devoted to:—

| | | | | |
|------------------|-----|---|-------------|-----|
| Treatment | 362 | { | Total | 426 |
| Inspection | 64 | | | |

6—Fillings:—

| | | | | |
|-----------------------|-----|---|-------------|-----|
| Permanent Teeth | 871 | { | Total | 926 |
| Temporary Teeth | 55 | | | |

7—Extractions:—

| | | | | |
|-----------------------|------|---|-------------|------|
| Permanent Teeth | 321 | { | Total | 2429 |
| Temporary Teeth | 2108 | | | |

8—Administrations of general anæsthetics for extractions... 695

9—Other Operations:—

| | | | | |
|-----------------------|-----|---|-------------|-----|
| Permanent Teeth | 327 | { | Total | 535 |
| Temporary Teeth | 208 | | | |

TABLE VI.

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

| | |
|--|-------|
| 1—Average number of visits per school made during the year by School Nurses | 3 |
| 2—Total number of examinations of children in the Schools by School Nurses | 8,403 |
| 3—Number of individual children found unclean | 566 |
| 4—Number of children cleansed under arrangements made by the Local Education Authority | 118 |
| 5—Number of cases in which legal proceedings were taken: | |
| (a) Under the Education Act, 1921 | Nil. |
| Under School Attendance Byelaws | Nil |

